

HOMELESSNESS IN MISSOURI

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A Report with Recommendations

by

The Lieutenant Governor's Task Force on Homelessness

June 1987

**Office of Lieutenant Governor
Harriett Woods**

Jefferson City, Missouri

LIEUTENANT GOVERNOR'S TASK FORCE ON THE HOMELESS

Major Paul Bollwahn, Salvation Army, St. Louis
Captain Ron Bonia, Salvation Army, Springfield
Joan Botwinick, Circle of Concern, St. Louis
Rosanna Bradshaw, Springfield Area Council of Churches, Springfield
Rev. Larry Brown, Minister, Millersburg
John Churchill, Salvation Army, Kansas City
Bill Davis, Director, South Central Missouri Economic Opportunities Corporation, Winona
Peter DeSimone, Director, Missouri Association for Social Welfare, Jefferson City
Lila Dewell, Community Services Coordinator, City of Columbia, Columbia
George Eberle, Chair, Commission on the Homeless, St. Louis
Jay Guffey, Habitat for Humanity, Springfield
Alice Johnson, Washington University, Student, St. Louis
Captain Stephen Kiger, Salvation Army, St. Louis
Michael Klein, Salvation Army, St. Louis
Larry Kreuger, Health Care for Homeless, St. Louis
David Lakebrink, Camdenton Crisis Care Center, Camdenton
Beth Lieblich, Director of Family Services, City Union Mission, Kansas City
Betty Marver, Consolidated Neighborhood Services, St. Louis
Carlene Merrell, Missouri Department of Social Services, Jefferson City
Bill Pape, Metropolitan Lutheran Ministry, Kansas City
Jon Paulus, Director, Northeast Missouri Community Action Agency, Kirksville
Carla Potts, Northeast Community Action Corporation, Bowling Green
Ann Rotermond, St. Patrick Center, St. Louis
Sue Taylor, Director, St. Louis Reception Center, St. Louis
Rose Terranova, Director, St. Louis Department of Human Services, St. Louis
Maurice Vanderberg, City Union Mission Men's Shelter, Kansas City
Mary K. Vaughn, Director, Urban Community Service Department, Kansas City
Judy Weilepp, Program Director, Health Care for Homeless, St. Louis
Kathy Weinsaft, Springfield Task Force on Homeless, Springfield
Elaine West, Missouri Association for Community Action, Jefferson City
Rev. Stuart Whitney, Chair, Ad Hoc Committee for the Homeless, Kansas City
Marilyn Williams, Director, Mobile Health Team, Swope Parkway Health Center, Kansas City
Bill Wyman, St. Patrick Center, St. Louis

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The Lieutenant Governor's Task Force on Homelessness

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**Office of Lieutenant Governor
Harriett Woods**

Jefferson City, Missouri

HARRIETT WOODS

Lieutenant Governor



State Capitol
Jefferson City,
Missouri 65101
(314) 751-3000

Suite 259, Wainwright Building
111 North Seventh Street
St. Louis,
Missouri 63101
(314) 444-7480

June 1987

Greetings:

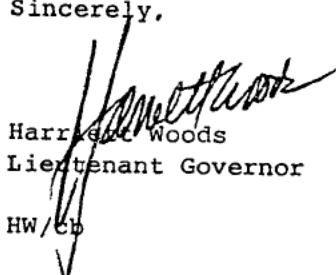
Recent publicity about the crisis of homelessness took many by surprise. However, for the people at the local level who have been struggling to cope with the reality of homelessness on a daily basis, the homeless are not new news.

It became clear to me after touring homeless shelters and talking with homeless service providers around the state that the responsibility for the homeless has been almost entirely at the local level. There was no initiative at the state level to deal with this growing phenomenon.

That is why I called together this Task Force--an "action" task force whose purpose was to encourage the sharing of local experiences and initiatives, and, second, to develop a statewide strategy for addressing both short and long term needs of the homeless.

This report is a result of the commitment of the people who took part in this Task Force. This is their work, and I am pleased to dedicate this report to them.

Sincerely,


Harriett Woods
Lieutenant Governor

HW/cb

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CONCLUSIONS

AND

RECOMMENDATIONS

HOMELESSNESS

Almost by definition, the homeless suffer from an acute need for services. Most obviously, they lack permanent housing. They are people in crisis, without addresses or adequate financial resources. A large percentage have health or mental health problems. Many lack educational skills, self-esteem or ability to manage their affairs. Most are underemployed. They have insufficient income for full self-support despite often diligent efforts to be independent. They lack transportation and knowledge of existing public services or how to get them. Yet the state often makes services harder to get.

There are a bewildering array of programs in the Departments of Health, Mental Health, Social Services, Economic Development, Education, Labor. There is no integrated state system for linking those programs — either to one another — or to the homeless and marginally-independent population that needs them. Only the most structured homeless shelters can provide any kind of counseling and follow-through. There are few state outreach efforts to bring services to the homeless.

Most emergency shelters provide nighttime sleeping space only, with one or two meals, and some personal hygiene. Dorms are locked during the day and the homeless are turned out. A man with the flu may nurse it on the streets; the mentally ill act out their problems in public; women who need to visit agencies, doctors or job appointments have no supervised care for small children. A lack of transportation may mean no medical visit, or no school; a lack of money may mean no maintenance medicine for someone who is mentally ill. The homeless who are seeking jobs need a mailing address and a telephone where calls can be returned.

Even when day shelters exist, they are not licensed as day care centers, so mothers cannot leave their children there while keeping appointments, unless another parent volunteers to babysit.

Homeless shelters are not staffed to handle the mentally ill. Individuals with unusual behavior are frightening to children and disturbing to other residents. Shelter operators presently lack sufficient information from the state about mentally ill discharges or their maintenance medicine needs. Policies for readmitting them to state institutions are described as difficult and erratic.

Children in shelters are a special concern. Local studies show that the percentage of shelter children who are developmentally delayed is three times the national average. Few shelters provide any private space for families. Children are restricted in activities and opportunities for learning and parental care. The lack of stability and security has long-term impact on development and well-being.

No authoritative state statistics on the homeless exist. There were a minimum 30,000 homeless in Missouri last year. Although they are a diverse group — mentally ill, unemployed, substance abusers, transients, disaster or domestic violence victims — key indicators suggest that at least one-half are families, and at least one-third are children.

BACKGROUND

The first official statewide Task Force on Homelessness was convened by the Lieutenant Governor on February 11, 1987. The members represent the principal service providers to the homeless across Missouri — local shelters, service agencies and community coalitions. The Task Force set two goals:

1. to address the current performance of state agencies in providing services to the homeless;
2. to propose a statewide strategy for homelessness, addressing the longer term issues of prevention and underlying causes.

Over the past four months, the Task Force has met with the heads of state departments and agencies with some positive results. Meeting in strategy sessions, the Task Force discussed specific proposals for change. (Summaries of these sessions, including anecdotal material, are attached.)

Task Force members wish to emphasize the seriousness of the situation facing local communities, and the state. The number of homeless is steadily increasing, and so is the group's diversity. The mentally ill continue to represent a large percentage, along with the single unemployed persons and substance abusers. However the fastest growing segment of the homeless are family units, with children representing at least a third of the homeless. This is a major challenge for the traditional emergency shelter system. It also is a challenge for schools, social service agencies and our whole society.

State government must face this challenge by accepting its shared responsibility for the new homeless. WHY DO WE SUDDENLY HAVE A HOMELESS CRISIS? The homeless are simply the most visible evidence of growing major problems in our society, and in public policy. They are the tip of an iceberg. Many other marginally-independent families are struggling on the brink. Therefore, our recommendations fall into two categories:

- I. broad policy issues, and
- II. specific changes in current practices.

RECOMMENDATIONS

I. Broad Policy Issues

1. State agencies should define their priorities initially on the basis of actual needs rather than available dollars. While we recognize that budgetary considerations eventually must prevail, the Task Force feels strongly that the public, and policy makers, cannot make the best decisions unless they know the truth.

There are people homeless today because they lack state services yet these services often have been described as "adequate" in budget requests made by state departments at appropriation hearings. The Highway Department understands that you have to point out the potholes before you can get the funds to fill them. Departments dealing in human services should make the trade-offs just as clear.

2. Missouri has a critical shortage of low income housing, which means many individuals and families can't find a decent place to live. The state must provide visible leadership toward assuring affordable housing for all its residents. The state should work aggressively with local public-private partnerships to fill housing gaps. State and local housing trust funds should be developed. Shelters cannot be the final answer for the homeless.

3. The state must fulfill its obligations to the mentally ill with more adequate community support systems, particularly in aftercare and follow-through for patients discharged from state mental health facilities. There has been a great deal of publicity about deinstitutionalized mentally ill on the streets. The state clearly has played a role in this tragedy, along with the federal government. We must address lack of services as well as tightened requirements for admission or readmissions for treatment to state facilities.

4. The Department of Health should take a leadership role in working toward accessible primary health care for all citizens and assuring that there is proper maternal and child care throughout the state.

5. The state must develop more effective job, education, health insurance and personal support systems such as day care for low income individuals to help them gain independence and earn wages that will support them and their families. These efforts should link with welfare reform programs and funding. The state should give priority to preventing homelessness, not encourage systems to institutionalize it. Homelessness is not normal.

6. The state should learn from, and build on, existing local efforts. Homelessness is unique in having been handled almost entirely by efforts of local nonprofit agencies and volunteers. Although these are overwhelmed and inadequate to meet total need, they should be the nucleus for funding and expansion. In addition, local governments should assume more responsibility for coordination and support of homeless services.

7. The state should be a more aggressive advocate with the federal government to insist it take its share of responsibility for homelessness by restoring funding for many domestic programs when state and local resources are unavailable.

8. The state should disseminate accurate information about homelessness to counter myths that cause public reluctance to show responsibility, or a tendency to “blame the victim”. Most of today’s homeless are struggling to help themselves and one another. Missourians should be made more familiar, for example, with the social changes such as urban redevelopment, that have wiped out traditional cheap single room occupancy (SRO) housing, and economic changes, which have wiped out large numbers of well-paying, low skill jobs that once maintained presently homeless families.

II. Specific Recommendations for State Agencies

1. The state should establish a central responsibility for the homeless population within state government for the purpose of coordinating federal, state and local services and maintaining accurate data about the numbers, needs, resources and gaps in service.

2. State agencies should make greater efforts to see that the homeless receive services to which they are entitled. This should include outreach to put state counselors and caseworkers in shelters, as well as training of shelter staff and volunteers.

3. There should be interagency coordination, beginning at the Cabinet level and carrying down to local state offices. The aim should be integration of services, not just exchange of information.

4. Case management should be established within key state intake agencies (Division of Family Services, Department of Mental Health, Division of Employment Security) so that the homeless can be evaluated and referred to all helpful services, wherever located, not just the particular program for which they may have applied.

5. State personnel should become familiar with, and involve themselves in, local homeless initiatives. The state should build upon these programs and circulate information about successful efforts so others can benefit.

6. The state should suggest benchmarks for decent services in homeless shelters, including suggested nutrition and service levels. These should be incentive based, with local discretion in developing and enforcing specific standards.

7. The Department of Mental Health should provide pertinent information on request of shelter operators caring for the mentally ill, with safeguards for confidentiality and with proper authority from the client involved. This should include information about medicine prescribed to maintain stability. The Department of Mental Health should have outreach teams of mental health professionals upon whom the shelters can call when necessary.

8. The state should give priority to support for day centers for families and day treatment centers for the mentally ill in areas where they congregate. A variety of services should be available in these centers such as personal counseling, education and skill training, job referral, clothing, hygiene and recreation.

9. The state should fund community residential options for the mentally ill, for both emergency and long-term community living.

10. The state should assist in developing transitional housing for the homeless where they can stabilize themselves between the emergency shelter and permanent independent housing.

11. The Department of Elementary and Secondary Education should focus on the status of homeless children in the schools to assure that the special problems of "shelter children" are understood, and that appropriate transportation and support services are provided.

12. Private Industry Job Councils and other job programs should be encouraged by the Departments of Economic Development and Labor to give a priority to jobs for hard-to-place homeless and the marginally-employed.

13. The Department of Health should work with hospitals to review discharge procedures to avoid sending the homeless to shelters or the streets without any health safeguards.

14. The Department of Health should work with local agencies to assure that health care needs of the homeless are met.

15. The state should identify and build on effective community programs that provide a continuum of services for the indigent and homeless.

16. The state should take leadership to expand day care availability for the homeless, and for all low income families in the areas where they live.

17. There is an urgent need for shelter and services for male youths who are considered too old to be housed with their mothers in family shelters, but who should not be housed in adult male transient centers.

18. The state should participate in the federal AFDC emergency funding program which could make available emergency one-time funds to help families in crisis. This could help avert homelessness, or help bridge the gap to independence.

WORKING PAPERS

from the Task Force

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2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: All benefits

Delays, accessibility, coordination

Delays in receiving benefits—AFDC, Food Stamps, Utility Assistance, etc.—are causing homelessness. Near homeless people in crisis become homeless while they are waiting. Emergency food stamps, intended to be available within five days, often take over a week to arrive. Regular food stamp and AFDC applications are taking longer than the legally mandated 30 and 45 day limits. This issue is now in court in Kansas City.

Caseworkers do not routinely inform people applying for one benefit program of the other benefits available to them. The caseworkers' attitude is that their role is to protect the state treasury. Only two-thirds of all AFDC families get foodstamps. (This is partially but by no means totally justified.)

It's normal in Kansas City, Springfield, and St. Louis, at least, to wait 8 hours or more to see a caseworker, and possibly even to have to come back the next day. This is a severe burden, particularly on working people and people with children.

In Pike County, the DFS office is open during lunch, but employees won't take applications. Offices are not open at times when working people can be there.

Caseworkers often don't know about available services. A CAP staff member in Pike County said that until she informed them, caseworkers did not know about the AFDC-UP program.

Local Anecdotes

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: All benefits, delays, accessibility, coordination, cont.

In Kansas City, a DFS official was invited to sit on a special task force dealing with Hunger—she said because of department policy she couldn't sit on a local non-state task force.

In Columbia, the community asked the superintendent of Fulton State Hospital and the head of Mid-Missouri Mental Health to be on the local homeless task force, because mentally ill people make up a large part of the homeless population in Columbia.

The superintendent came once and the head of Mid-Mo came but did not actively participate. The result was absolutely no cooperation between the responsible state agencies and the local community in dealing with homelessness.

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: All benefits; delays, accessibility, coordination

Monthly status reports are too complicated and burdensome. They cause homelessness because people who can't keep up with reporting requirements are dropped from the rolls and lose their benefits, and because caseworkers are tied up with paper work instead of serving needy people.

Clients sometimes have only one or two days to fill out and return monthly status reports; in many cases, clients have to drop them off rather than mail them. This is because DFS is late in sending out the report forms. Many homeless service providers feel that the reports should be required only every three or four months.

Local Anecdotes

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: DFS attitude/helpfulness

A St. Louis shelter operator says DFS opens child abuse/neglect cases against families who are homeless but did not respond at all when she asked them for help with a case of obvious sexual abuse.

Caseworkers in Kansas City often send clients away after the clients have waited 4 or 5 hours, telling them to come back the next day. The clients accept this. On occasion, clients have called the shelters from the DFS office, letting shelter workers know that they've been sent home. When the shelter worker calls the DFS office, the person is seen the same day,

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: AFDC

A DFS caseworker in Pike County told a homeless woman who came in for help that if she did not find a place to live within 5 days her children would be taken away from her. The woman was not able to find housing, and didn't go back to the DFS office. She and her children ended up homeless and without AFDC, food stamps or any other help from the state.

When called by someone from the CAP office, the caseworker said there was no homelessness in Pike County because when she told people they would lose their kids they found housing in a hurry.

Even if they are eligible and sign up for AFDC many homeless people have trouble receiving AFDC checks because there is nowhere to mail them. A St. Louis shelter operator reports that people are not allowed to pick up their checks.

Local Anecdotes

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: Food Stamps

In St. Louis, people who go into shelters lose their food stamps. When they leave the shelter, they must reapply. This causes a gap of at least six weeks during which they are not in the shelter and are not receiving food stamps. This makes it much harder for people to get out of the shelters.

People in transitional housing, trying to save money so they can move to a permanent apartment, have their food stamps cut because their monthly expenses are temporarily low. This just makes it harder for them to get out on their own.

In Kansas City, if a person is in a shelter that serves food he or she can't get food stamps, so some shelters have stopped serving food.

People in transitional housing in Kansas City have been told by DFS that they can't get food stamps.

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: Adequacy of benefits

Income is the bottom line in preventing homelessness. Benefits are not adequate. A family of three can't live on \$279 a month. Minimum wage jobs aren't a lot better, and in many cases cause families to lose Medicaid. This causes homelessness.

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: Need for personal counseling

There is no one to ask people in the shelters how they feel about being homeless, nor about the personal difficulties that may have contributed to their homelessness. There is no one to give attention to the reactions and feelings of children in shelters, and no one to address the family crises that caused the problem in the first place. When these issues are not addressed, they come up again after the family has left the shelter, and may cause them to become homeless again. Personal crisis counseling is a major need in the shelters.

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: Need for emergency money and start-up money

Homeless service providers have to work the system to come up with emergency funds. When a family was threatened with job loss and eviction when their car broke down and they couldn't get to work, they asked for help from the CAP agency. The agency couldn't help them get their car fixed, so they told the family to use their utility money to fix the car, and the agency would pay their utility bill. Emergency homelessness prevention funds would be far more effective than make-shift methods.

People who could afford the monthly cost of an apartment are stuck in shelters because they don't have the start-up cash needed for first and last month's rent and utility deposits. The total cost of moving into a new place can be as much as six or seven hundred dollars. In cases like this one-time start-up cash could get people out of homelessness.

Local Anecdotes

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: Utility Assistance

One CAP Director reported that utility assistance is "impossible to get." St. Louis shelter operators asked, "How are we supposed to get people out of shelters if we can't get their utilities turned on?"

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: Mental Health

Mentally ill people are becoming homeless because when they don't get their benefits until several weeks after they leave an institution. DFS in Kansas City will not take applications from people in institutions who expect to get out on a certain date.

Shelter operators get no or limited support from state institutions in helping mentally ill homeless people. State hospitals don't provide follow up to patients they release, and don't let shelter operators know the medication people are supposed to be getting.

Mentally ill homeless people are not able to see a doctor regularly. This makes it tough to manage their medication and help them become stabilized.

No one really knows admission standards to state mental hospitals. One shelter operator says that if the shelter takes a person to the emergency room at the state mental hospital three times in succession, the person will be admitted. So that's what they do.

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: Health care

Hospitals regularly discharge people to shelters. One St. Louis shelter has received patients from Deaconess, Jewish, Alexian Brothers, and Regional. These people were usually not in good shape, and the shelters are not equipped to cope with any problems they might have. Respite care is a major need.

Hospitals are discharging people to shelters after surgery. One shelter had a little boy discharged to them after surgery for a double hernia. A cot in a shelter is no place to recover from surgery. The surgeon later said that if he had known the child was homeless, he would have delayed the surgery until he knew he had a place to recover.

Providers estimate that one-half of homeless people who could qualify for Medicaid aren't getting it.

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: Housing .

HUD people are landlord advocates, not impartial and certainly not tenant advocates. In one county in Northeast Missouri, a family was living in HUD housing that was falling apart—plaster coming off the wall, plumbing problems, ceilings falling. HUD's response? They agreed with the landlord—who said, "They have kids; its the tenants' fault."

A few families who have gotten into section 8 housing have been evicted because they don't have the skills to live independently. There aren't enough support services to help people establish themselves.

Local Anecdotes

2-26-87

Anecdotes from strategy group meeting 2-24-87

Subject: Jobs and job training

The state's job training programs (JTPA especially) are not serving homeless people. They select the most likely to succeed rather than those most in need. Economic Development should place a priority on programs for the homeless and very poor within JTPA

The Private Industry Councils train people for jobs that meet short-term industry needs, sometimes even the short-term needs of companies represented on the Councils. This training does not lead to long-term employability; it doesn't help solve problems of homelessness or unemployment.

February 23, 1987

STATE AGENCIES' SERVICES TO HOMELESS

Based on conversations this week with most of the representatives of state agencies who attended the last meeting and on comments made at the meeting, here is a brief summary of state agencies' services for the homeless along with issues and comments. This list is intended only to serve as a basis for discussion at the February 24 strategy group meeting.

Department of Social Services

- ° Specifically for the homeless: Challenge Grant Program
- ° Available to homeless: AFDC, Food Stamps, General Relief, Medicaid
- ° Comments/Issues/Problems:
 - Access--need for permanent address?
 - transportation
 - documentation and reporting requirements
 - fear of losing children
 - inconsistency of eligibility rules
 - Delays--emergency needs not met quickly; *emergency funds not available*
 - Adequacy--benefits not at a livable level
- ° Ideas?

Department of Mental Health

- ° Specifically for homeless:
 - Pilot Program at St. Pat's (Shamrock Club)
 - 1 psychiatric social worker with mobile health team in Kansas City
 - Training of Kansas City shelter workers by Western Missouri Mental Health Center
- ° Available to homeless:
 - State hospital in-patient and out-patient facilities
 - Residential programs
- ° Comments/Issues/Problems:
 - Access--lots of people not getting services; very limited specific outreach programs
 - no in-patient space for voluntary commitment
 - Delays--waiting lists for residential programs
- ° Ideas--The Department intends to expand community based care and outreach programs based on St. Pat's pilot program
 - Other ideas?
 - Legislative initiative: Involuntary Outpatient Treatment?*

Department of Health

- ° Specifically for homeless: Nothing
- ° Available for homeless:
 - Immunization
 - Pre-natal care
 - Well-baby care
 - WIC
 - Chronic disease control
 - Communicable disease control
 - Other programs

State Agencies' Services to Homeless

- ° Comments/Issues/Problems:
 - Access--transportation, limits on Medicare/Medicaid
 - Delays--Long waiting lists for well-baby care
 - Adequacy--tightening of Medicare/Medicaid causing problems--many are not getting adequate care
- ° Ideas?

Department of Labor and Industrial Relations

- ° Specifically for homeless: Nothing
- ° Available to homeless: JTPA, WIN, Basic employment security services
- ° Comments/Issues/Problems:
 - Access--numbers very limited in training programs
 - homeless excluded by "creaming"
- ° Ideas?

Department of Elementary and Secondary Education

- ° Specifically for homeless: Nothing
- ° Available to homeless: Adult Literacy, GED programs, etc.
- ° Comments/Issues/Problems:
 - Access--numbers limited by budget
 - people are turned away
 - not able to put classes where homeless would have access
- ° Ideas?

DISCUSSION DOCUMENT

FIRST STATEWIDE MEETING ON THE HOMELESS

FEBRUARY 11, 1987

JEFFERSON CITY, MISSOURI

DISCUSSION DOCUMENT ONLY
INITIAL SUMMARY BASED ON VARIOUS SOURCES
INTENDED AS A BASIS FOR DISCUSSION
TO BE AUGMENTED BY PARTICIPANTS

Who are Missouri's Homeless?

No accurate statewide data have been collected on Missouri's homeless. The following statements appear accurate based on various studies.

*There were an estimated 30,000 homeless people in Missouri last year.

*Homeless people include mothers with children, entire families, displaced farm workers, young men and women without job skills, as well as mentally ill people who are not receiving adequate services, and people with alcohol and drug abuse problems in general.

-About one-third--or 10,000--were children.

-Over 3,000 were under 3 years old.

-About 20% of homeless households are families with children. The number of homeless families has been growing at about 20% per year nationally.

-Homeless adults are generally young; the average age for women is about 27, and for men is about 30.

-Homeless people are predominantly Missouri residents; the vast majority live in the community in which they seek shelter.

*The fastest growing group of homeless people are families struggling to exist on very little income who are hit by an overwhelming crisis, e.g., job loss, divorce, abuse, medical bills.

*There remains a large number of chronic homeless people, victims of economic dislocation and mental health and substance abuse problems.

*For every person without a place to live, there are 15 living in near homeless conditions, crowded with relatives, or in substandard housing. These conditions lead to homelessness.

*To summarize, major underlying causes of homelessness are:

1. Lack of adequate and affordable housing
2. High unemployment, marginal employment and inadequate income support for people who are not working
3. Untreated mental health or substance abuse problems
4. Personal crises

Agencies Addressing the Homeless Issue

*Local Advocates and Agencies

Mayor's Commission on the Homeless, St. Louis
Kansas City Ad Hoc Committee for the Homeless
Heart of America United Way and Greater Kansas City Community Foundation
 Affiliated Trusts
Springfield Mayor's Commission on the Homeless
Health Care for the Homeless Coalition, St. Louis
Health Care for the Homeless Coalition, Kansas City

*State Agencies

Department of Social Services - Carlene Merrell, Principal Assistant,
 Homeless Programs
Department of Health
Department of Mental Health
Department of Economic Development
Department of Elementary and Secondary Education
Department of Labor
Missouri Housing Development Corporation

*Other Statewide Agencies

Missouri Association for Social Welfare
State Board, Emergency Food and Shelter Program (FEMA)
Community Action Program Offices

*Federal Resources

Department of Housing and Urban Development
Department of Health and Human Services
Department of Agriculture
Department of Defense
General Services Administration
Veterans Administration
Federal Inter-Agency Task Force on Food and Shelter for the Homeless
Emergency Food and Shelter National Board (FEMA)

House Committee on Government Operations
House Committee on Banking, Finance, and Urban Affairs
House Agriculture Committee
House Ways and Means Committee
Senate Labor and Human Resources Committee
Senate Finance Committee
Senate Committee on Banking and Urban Affairs, subcommittee on Housing
Senate Agriculture, Nutrition, and Forestry Committee

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

EMERGENCY SHELTER NEEDS (See Housing)

Need

*TRANSPORTATION

-Between night and day shelters, shelters and job interviews, shelters and medical clinics.

*MEDICAL CARE

-Homeless population has medical needs greater than those of general population due to poor living conditions, stress.

-Shelter operators report increasing incidence of hospitals discharging patients who need continued care to shelters.

-Many homeless cannot pay for prescription medicines.

*DAY CARE

-Homeless people need support for finding employment. Child care is key.

*FUNDING

-Need for consistent funding year to year.

-Need to reduce the burden on providers to raise funds.

*COUNSELING AND SUPPORT

-Need for assistance to homeless people:

- Needs assessment
- Help in getting a job
- Alcohol and drug abuse counseling

Resources and Gap

*TRANSPORTATION SERVICES

-The Red Cross provides transportation in St. Louis

-Program is effective, but remaining needs, e.g., more flexible transportation to medical appointments.

-No similar program in Kansas City or rural areas; transportation now provided on an ad hoc basis.

*MEDICAL CARE

Medical programs specifically for homeless people, e.g.,

-Kansas City Program administered by Swope Parkway Health Center

-Health Care for the Homeless Coalition program in St. Louis (Both work with local hospitals and clinics)

-Need for facilities for patients discharged early from hospitals.

-Limited financial support for payment for prescription medicines; some contributions from hospitals, but resources are limited.

*COUNSELING AND SUPPORT

-Shelter staff limited and overburdened; workers limited, e.g.,

-Only 7 professional social workers in St. Louis shelter system; impossible to provide adequate casework services.

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

*DAYCARE

-Provided in some shelters informally; only 1 structured day care program for homeless children (away from their parents) in St. Louis.

*FUNDING

-Most funding from private sources; not reliable year to year.

-Very limited funding for long term housing, job and mental health programs.

*OTHER RESOURCES

-Volunteers are a critical resource in services to the homeless, e.g.,

—Church groups providing meals

—Churches adopting families

—Individuals providing a wide range of services

-VISTA may be a source of additional volunteers.

*FOOD

-Food banks, churches and private donors

—Springfield operates a regional distribution service called the "Box Program" that serves a Bi-state region.

Discussion Document

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

CAUSE NO 1. LACK OF ADEQUATE AND AFFORDABLE HOUSING

Causes of Homelessness

*LACK OF AFFORDABLE HOUSING

-At least 50,000 families on waiting lists for public or subsidized housing statewide.

-St. Louis public housing waiting list is closed; when reopened wait will be about 5 years.¹

-Kansas City needs about 17,000 more units of low-income housing, 60% more than the current supply.²

*OVERCROWDING OR SUBSTANDARD HOUSING

-For every 1 homeless person in St. Louis, 15 living in substandard or overcrowded housing.³

-Rural agencies report numerous cases of people living in cars.

-One rural agency reported a young couple living in their car, and keeping it running at night to keep their baby warm, because there were no shelters.

-Another reported complaints of a woman who had spent a year and a half on a waiting list for public housing. The woman calmed down when she was told that a family who had been living in their car had been placed just that day.

-One woman came to St. Louis to live with her sister after a divorce; she became homeless when she could no longer tolerate rats running over her children.

(A) Gaps are enclosed in boxes

Resources and Gaps (A)

*EMERGENCY SHELTERS (See also page 3)

-Minimum level night shelter available most places.

BUT:

-Inadequate for families and problem individuals.

-Inadequate in some rural areas (need reported in rural northeast, southeast Missouri; may also be needed in other areas).

*TRANSITION HOUSING

(defined as continuous housing in one place for two to six months, with support services to move homeless from short term emergency shelters)

-Some units in Kansas City, St. Louis, with services

-Serious shortage for families and singles; need reported in urban and rural areas.

*PERMANENT, AFFORDABLE HOUSING

-Limited initiatives by federal, state and local government agencies (HUD, FmHA, MHDC, State Department of Mental Health, local Housing Authorities) to provide housing, e.g.

--Effective but limited programs for homeless people, e.g., 130 section 8 certificates provided by the Kansas City HUD regional office in a pilot program with support services, 10 section 8 certificates provided monthly by the St. Louis Housing Authority to homeless families in shelters.

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

*LACK OF ADEQUATE HOUSING FOR PEOPLE WITH SPECIAL NEEDS

-Waiting lists for housing for mentally ill, e.g., Department of Mental Health reports a waiting list of 129 people in its Community Placement Program in St. Louis.⁴

-Waiting lists for housing for mentally retarded; providers report that emergency needs are being accommodated (not always ideally) but that meeting emergency needs is limiting resources for non-emergency clients, causing longer waiting lists.⁵

*PERMANENT, AFFORDABLE HOUSING (cont.)

--Some new construction and rehabilitation, e.g., St. Louis anticipates rehab of 200 units in the next year.

--Limited interest rate buydown programs offered by MHDC to developers who build low income housing or housing for the elderly.

--Housing programs for mentally ill and mentally retarded provided by Department of Mental Health.

-Private initiatives to develop affordable housing, e.g., Mercy Housing in Kansas City, sponsored by the Sisters of Mercy, and Ecumenical Housing Production Corporation in St. Louis.

-BUT, resources very limited:

--Federal support for low cost housing cut 68% from 1980-1986, from \$32 billion to \$10 billion; tax law changes make construction of low cost housing less attractive.

--New federal housing legislation is proposed, but prospects for passage not good this year or next.

-Based on waiting lists,

--Many thousands of low income housing units needed to provide for those new homeless and to prevent additional homelessness.

--Particular need for more group homes and other housing, along with related services, for mentally ill and mentally retarded.

Discussion Document

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

CAUSE NO. 2: JOBS AND INCOME MAINTENANCE

Causes of Homelessness

*HIGH UNEMPLOYMENT AND MARGINAL EMPLOYMENT

-Missouri unemployment about 7%; down from peak of 10%, but very high by historical standards.

-Real unemployment, counting discouraged workers, almost twice as high as reported unemployment; e.g., real unemployment in the Bootheel estimated at 25%.⁶

--The Kansas City office of the Missouri Division of Employment Security got 31,000 job applications in December, even though only 23,400 were counted as unemployed.⁷

-Unemployment down in recent years, but poverty up; most new jobs are lower paying service jobs. Missouri has lost over 20,000 manufacturing jobs since 1980.⁸

-A job at McDonald's pays minimum wage, \$3.35 per hour, or \$134 per week with no medical benefits.⁹

-There are no jobs for many people who want them. A Community Action official in rural Missouri reported a couple, both high school graduates, who wanted to work, but couldn't find jobs. The wife became pregnant, and the husband enlisted in the Army to support his family. He got a deferred reporting date, and without income, his family was on the verge of homelessness. Only with the intervention of sympathetic state officials did he get temporary work.

-38% of homeless adults are recently unemployed.¹⁰

Resources and Gaps

*JOB CREATION PROGRAMS

-Numerous federal, state and city programs to create jobs (not specifically for homeless).

-BUT, unemployment in Missouri expected to stay even in next several months; loss of manufacturing jobs will continue; replaced by lower paying service jobs.¹¹

--The number of unemployed people in the Kansas City area is expected to reach a twelve-month high of 40,000 in February.¹²

-Three programs for welfare recipients, Work Incentive Program, JTPA, Job Search component of Food Stamps, are helping people, but numbers are limited.

--In 1986, these 3 programs helped only 16,000 people get jobs, out of over 200,000 adults receiving AFDC or Food Stamps (66,000 AFDC, 210,000 Food Stamps, with some overlap).¹³

--The gap is particularly large for people with lesser skills.

-Other job creation programs include some public service jobs, some jobs with non-profit agencies, and some Defense Department Training/Employment positions.

--Again, the number of such jobs is limited.

-Programs for dislocated farmers and farm workers exist, but more needed.

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

*LACK OF SKILLS AND TRAINING

- Two-thirds of the homeless in St. Louis shelters are unskilled or semi-skilled.¹⁴
- Structural changes in the economy over the past two decades have reduced demand for unskilled workers.¹⁵
- Farmers who lose their farms or farm workers who lose their jobs lack skills for other jobs.
- Estimated 20,000 homeless people who need work competing with estimated 140,000 unemployed who are not homeless, and have much stronger personal base.

*INADEQUATE INCOME MAINTENANCE FOR UNEMPLOYED AND UNEMPLOYABLE

- Welfare system in Missouri doesn't meet the survival needs of families.
 - Maximum AFDC benefit 36% of poverty; when Food Stamps added, benefit increases to only 57% of poverty.¹⁶
- 40% of homeless people receive no financial support at all.²¹
- The average monthly income of a homeless person in St. Louis is \$200.²²

*SPECIAL JOB CREATION AND TRAINING PROGRAMS FOR THE HOMELESS

- State and private agencies of basic education, literacy, and GED programs.
- A number of job creation and training programs in the state, e.g., Kansas City Restart Program.

-Numbers of slots in such programs are limited.

--One study estimates that nearly all homeless adults need job assistance, but only 21% are receiving it.¹⁷

-Many who get work have difficulty saving money to escape homelessness. For example, homeless men who are paid daily for laborers' job have no place to deposit and accumulate money.

*SOCIAL SERVICE BENEFITS AND ELIGIBILITY

- Principal resources providing income maintenance are
 - AFDC - cash assistance to needy families and their children. Funded by the federal government and the states.
 - General Relief - cash assistance for 90 days to people unable to work due to disability. Funded by the state.
 - Supplemental Security Income - long term cash assistance to aged people not qualifying for Social Security and to disabled people. Funded by the federal government.
 - Food Stamps - available to everyone who meets income and assets criteria. Funded by the federal government.

Discussion Document

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

*SOCIAL SERVICE BENEFITS AND ELIGIBILITY (cont.)

-These programs leave significant gaps for homeless people.

--No relief program for able-bodied poor single people without children, no matter how destitute; except food stamps.

--DFS often demands a permanent address.

--Outreach is limited, so many who are eligible are not served.

--Eligibility requirements are inconsistent: some shelter residents are eligible to receive food stamps; others are not.

--Many-homeless families do not apply for AFDC because of possibility that children will be taken away.

--Counselors at shelter sites are overburdened; cannot support homeless people in obtaining financial support to extent they would like; caseworkers are scarce.

--Multiplicity of agencies providing benefits to homeless people do not necessarily coordinate with each other.

*INADEQUATE HEALTH INSURANCE

-Providers report that unexpected medical bills can drive families in marginal economic situations into homelessness.

-Elderly people have particular problems with health care; because of asset requirements, many lose their homes to qualify for benefits.

*MEDICAID EXPANSION

-Clinics and public hospitals provide medical services to the poor, including the homeless.

--But some are overwhelmed, e.g., Truman Medical Center in Kansas City.

--Access to health care is a problem in rural areas because of cost and availability of transportation.

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

*MEDICAID EXPANSION (cont.)

-Medicaid provides health insurance to some needy people in Missouri, including some homeless people.

-But there are gaps

--Many poor people in Missouri do not receive Medicaid; could be as high as 55%.

--Many who could be covered by Medicaid under federal rules not covered by Missouri law.

--Many minimum wage jobs do not include medical benefits.

--A recent study estimates that 1 million people in Missouri (20%) are medically indigent or at risk of becoming so.

Discussion Document

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

CAUSE NO. 3: MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS

Causes of Homelessness

*UNMET MENTAL HEALTH NEEDS

-Community based care not fully meeting needs created in part by deinstitutionalization.

--560,000 people nationwide in state mental hospitals in 1955; 125,000 in 1981.

--Some mentally ill people become homeless; a large portion of homeless people have acute or chronic mental health problems.¹⁸

-Providers report that there is a segment of the mentally ill population not suited for community placement, and in need of out-reach programs.

-Providers report mentally retarded people among the homeless.

*UNMET NEEDS OF SUBSTANCE ABUSERS

-A high portion of chronically homeless people are alcohol abusers.

-Alcohol and drug abuse play a role in other causes of homelessness, e.g., spouse and child abuse, and job loss.

Resources and Gaps

*STATE AND PRIVATE RESOURCES FOR MENTALLY ILL AND MENTALLY RETARDED

-State hospitals

-Outpatient facilities

-Community placement programs with support and treatment, including group homes

-Private programs, e.g., Alliance for the Mentally Ill Independence Center in St. Louis.

-But there are waiting lists

--In St. Louis area alone, 1315 mentally retarded persons await community placement services.¹⁹

*SPECIFIC PROGRAMS FOR MENTALLY ILL HOMELESS, e.g.

-St. Patrick's and Rosati Centers in St. Louis

-Health Care for the Homeless Coalition in St. Louis, Swope Parkway Program in Kansas City, working with community clinics

-But gaps remain:

--One provider reports "Mentally ill homeless people are simply not getting what they need."

--Limited shelters for mentally ill homeless, now usually mixed in with general population.

--Limited resources for case management.

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

*SPECIFIC PROGRAMS FOR MENTALLY
ILL HOMELESS (cont.)

-With decriminalization of public inebriation, police are taking public inebriates to shelter; shelters lack resources to deal with medical problems of detoxification.

-The Kansas City Community Center treatment program has a two month waiting list.²⁰

*NOTE: INITIAL SUMMARY BASED ON VARIOUS SOURCES; INTENDED AS A BASIS FOR DISCUSSION; TO BE AUGMENTED BY PARTICIPANTS.

CAUSE NO. 4: PERSONAL CRISIS

Causes of Homelessness

*SPOUSE AND CHILD ABUSE

-Abuse is the third leading precipitator of homelessness of women and children in St. Louis.

*OTHER FAMILY STRESS, STRESS OF HOMELESSNESS

-Providers report great stress in homeless families, both caused by and a cause of homelessness.

-Providers report that this stress often causes families to become homeless again.

-Divorce and separation and resulting economic crises are a cause of homelessness.

*TEMPORARY FINANCIAL SETBACKS

-Inability to pay rent or utilities, or one time medical bills often cited as a cause of homelessness.

Resources and Gaps

*SHELTERS

-St. Louis, Kansas City, Springfield and other areas have shelters for abused women and their children, and provide support services; youth services also available, e.g., Y.E.S. in St. Louis.

*COUNSELING AND SUPPORT

-Programs providing counseling; and support exist in many cities, in shelters and transitional housing programs, e.g.

--St. Patrick's Center, counseling and transitional services

--Pilgrim House and Salvation Army in Kansas City

--Program at Missouri Hotel in Springfield

-Need for follow-up counseling and support for homeless families; casework services needed; particular need for counseling for children.

-Need for longer term support and counseling to prevent recurrence of homelessness and help families cope with stress.

*EMERGENCY FINANCIAL ASSISTANCE

-Some emergency money available through FEMA.

-Missouri does not participate in AFDC Emergency Assistance Program; 28 other states do; provides federal matching grants for state money spent on emergency financial help to prevent homelessness or help homeless people.

SOURCES

1. St. Louis Housing Authority
2. Kansas City Ad Hoc Committee on the Homeless
3. Report of the Mayor's Task Force on the Homeless, St. Louis
4. Community Placement Program, St. Louis State Hospital
5. Division of Mental Retardation and Developmental Disabilities
6. MASW, Hunger in Missouri
7. Kansas City Times, February 5, 1987
8. MASW, Hunger in Missouri
9. McDonald's Regional Personnel Office
10. Homelessness in Missouri, Report by the Social Services and Medicaid Interim Committee on the Homeless.
11. Division of Employment Security
12. Kansas City Times, February 5, 1987
13. MASW, Welfare Reform in Missouri
14. Department of Mental Health, Homeless People in St. Louis, A Mental Health Evaluation, Field Study and Follow Up Investigation
15. MASW, Homelessness in Missouri
16. MASW, Welfare Reform in Missouri
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18. Department of Mental Health, Homeless People in St. Louis...
19. Division of Mental Retardation and Developmental Disabilities
20. Kansas City Community Center Treatment Program
21. Report of the Mayor's Task Force on the Homeless, St. Louis
22. Report of the Mayor's Task Force on the Homeless, St. Louis

HARRIETT WOODS Lieutenant Governor



State Capitol
Jefferson City,
Missouri 65101
(314) 751-3000

Suite 259, Wainwright Building
111 North Seventh Street
St. Louis,
Missouri 63101
(314) 444-7480

February 25, 1987

Dear Task Force Member:

Thank you for your participation in our work on homelessness in Missouri. Thanks particularly to members of the strategy group which met yesterday here in Jefferson City.

As we discussed at our first meeting, there will be a meeting next Wednesday, March 4 in the State Capitol with key state agencies. The Task Force will be represented by members of the strategy group. State agencies attending include Social Services, Mental Health, Health, Labor, Economic Development, Elementary and Secondary Education, and Corrections. We expect that the meeting will be a fruitful one.

In preparation for the meeting, the strategy group yesterday discussed problems with state agencies and proposed changes to improve the state's response to homelessness. A rough summary of the results of that meeting is enclosed. Please review it as soon as possible, and let us know if there's anything you think should be added. Any anecdotes or specific examples of the kinds of problems indicated in the summary would be extremely useful in our discussions with state agencies. Please call us Thursday, Friday or Monday, or even as late as Tuesday morning, with any specific examples that you think would be useful in demonstrating problems to state agencies.

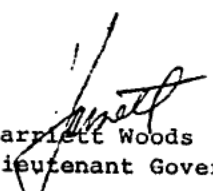
Along these lines, I have enclosed a letter from Michael Reagan, Director of the Department of Social Services, in response to my letter to him pointing out problems with Food Stamp eligibility and caseworker awareness of the AFDC-UP program. As the letter indicates, specific examples are essential if state agencies are to respond to the problems of homeless people.

I have also enclosed some other information we thought you would find useful.

Please call us as soon as possible with your comments on the strategy group's proposed changes. Again, specific examples and anecdotes are very important to the success of the work of the Task Force.

We will send you a report on next Wednesday's meeting, and look forward to meeting with you all again later in March.

Sincerely,


Harriett Woods
Lieutenant Governor

HW/cb

PROPOSED CHANGES

Overall

- Acknowledgment of responsibility for the homeless at the state level.
- Coordination of state services at policy and delivery level to make them more accessible to homeless people. Possibilities:
 - Cabinet level task force
 - Lead agency on the homeless working with other agencies
 - Single point of contact providing delivery of all services
- Uniformity in definition and enforcement of each agency's regulations across all offices and at all levels.
- Outreach efforts to deliver state services in places where homeless people congregate.
- Coordination of state and local public and private efforts.
- State level ombudsman for the homeless--one office for homeless service providers to contact so that they receive consistent, complete information on available services.
- Timely delivery of services to prevent homelessness.
- Training of state employees to be responsive to needs of homeless.

PROPOSED CHANGES

Department of Social Services

*Improvements in existing programs

-Eligibility and access

--People who go into shelters shouldn't have their Food Stamps cut off. People in shelters should be able to apply for Food Stamps.

--Food stamps should not be cut when people are in transitional housing (now cut in St. Louis because monthly expenses are lower; in Kansas City, simply because people are in transitional housing).

--Rules and regulations for AFDC, Food Stamps, etc., should be clear and consistent statewide, and enforced in a uniform way.

--Parents should not lose their children simply because the family becomes homeless; homeless people should be able to apply for AFDC without fear of losing their children.

--Monthly status reports required of beneficiaries should be simplified, and frequency of reporting reduced.

-Physical access

--The welfare system needs more points of access

-for near homeless, to prevent homelessness offices should be located where potential beneficiaries live or congregate (e.g., senior citizens centers).

-for homeless, DFS counselors should be assigned to the shelters and spend a day there on a regular basis.

--Welfare offices need to be more convenient, such as after hours or Saturday morning services, and should take applications at all times when open, including lunch hour.

-Delays

--Emergency AFDC and Food Stamps should be available within 3-4 days, not a week or more.

--The state should meet its legal obligation to make Food Stamp benefits available within 30 days of application and AFDC within 45 days.

--Utility assistance must be made available in a more timely fashion.

-Information

--Caseworkers should inform applicants for benefits of all benefits to which the applicant might be entitled.

--All state caseworkers should be kept informed about all available assistance programs, e.g., AFDC-UP in outstate counties.

Summary of Strategy Group

-Adequacy

- Welfare reform to improve income maintenance programs ~~should~~^{to} provide livable levels of benefits.

-Coordination

- Division of Family Services and Mental Health officials and other state officials should be encouraged to sit on local task forces and committees, and to work with private and local government homeless service providers. Is there a state policy to discourage this?

*New programs

- Personal crisis counseling should be made available in shelters--to help get people out of shelters and into a stable living situation quickly.
- Counseling and support systems to help people prepare for living independently.
- The state must make Emergency Assistance money available to help prevent homelessness or to move people out of homelessness. The funds could be used both for preventing homelessness, i.e., preventing eviction, or for "start-up" costs to move people out of shelters. Examples include: utility turn-ons, rental deposits and transportation to work.
- Minimum wage workers should receive supplemental state benefits.

Department of Health

°Improvements in existing programs

-Eligibility and access

--DFS should provide Medicaid outreach services to reach the estimated $\frac{1}{2}$ of homeless people who are eligible but not currently receiving Medicaid.

-Physical access

--State should address problems of transportation to health care facilities.

-Coordination

--Department of Health could be more responsive to shelters in dealing with outbreak of contagious diseases.

°New programs

-The Department of Health should consider standards or regulations to make sure hospitals are not discharging people inappropriately, i.e., discharging to shelters when respite care is required.

-Hospital social workers should be educated to the special needs of homeless people.

-The Department of Health should address the problem of gaps in delivery of primary care to poor people in certain areas of the state.

Summary of Strategy Group

Department of Mental Health

*Improvements in existing programs

-Eligibility and access

- The Department of Mental Health should expand its intensive case management and outreach program for the homeless as quickly as possible.
- The community placement program should be expanded, possibly to allow the program to serve people who are less stable than those currently served.
- DFS must take applications from people who are about to be discharged from mental hospitals.
- Standards for admission to state mental institutions must be clarified, so that shelter workers know when admission is possible.

-Physical access

- It should be easier for mentally ill homeless people to see a physician, so that their medication can be managed better.

-Coordination

- Mental hospitals and clinics whose outpatients are sleeping in shelters should inform shelters of the person's medication needs and provide daily follow up for those people.

*New programs

- DMH and DOSS should develop programs to serve mentally ill people who cannot live independently but do not meet standards for community placement or for in-patient care--need for more residential treatment centers, providing a range of care.
- The state should provide domiciliary units for aging public inebriates.
- The state should fund detox centers for public inebriates.

Housing

*Improvements in existing programs

-Eligibility and access

- Discrimination in housing against families with children should be outlawed--state and federal legislation is pending.
- Public housing authorities should loosen space requirements so more public housing units are available to families with children.
- Expansion of emergency section 8 program for homeless.

*New programs

- Substitutes for closed single room occupancy hotels should be developed by state and local housing agencies.
- The state should assist private developers of low income housing.
- Recycling of older housing through homesteading or other programs.
- State should work with low income housing task force of MASW,
and others.

Summary of Strategy Group

Department of Economic Development

*Improvements in existing programs

-Eligibility and access

--Economic Development should direct some part of JTPA money to the homeless.
Private Industry Councils must better serve the homeless and the very poor.

-Physical access

--Job training should be available in the shelters and in transitional housing.

*New programs

-Minimum wage workers should receive fringe benefits.

Department of Elementary and Secondary Education

*Improvements in existing programs

-Eligibility and access

--Public schools should be sensitized to problems and needs of homeless children. Possibilities include: homeless children being allowed to remain in the schools they attended before becoming homeless.

--Transportation needed to get ^{homeless children} to schools.

Summary of Strategy Group

Department of Corrections

*New programs

- The Department of Corrections should provide more job training and preparation for release to prisoners about to be released.



Reagen Letter

JOHN ASHCROFT
GOVERNOR

MISSOURI
DEPARTMENT OF SOCIAL SERVICES
BROADWAY STATE OFFICE BUILDING
P.O. BOX 1527
JEFFERSON CITY
65102-1527

~~JOSEPH J. COFFMAN~~
DIRECTOR

February 20, 1987

The Honorable Harriett Woods
Lieutenant Governor
State Capitol
Jefferson City, Missouri 65101

Dear Lieutenant Governor Woods:

I have received and reviewed your memorandum to me dated January 30, 1987. As you will recall, you were writing with regard to the Food Stamp (FS) program for persons receiving help from shelters and the Aid to Families with Dependent Children (AFDC) program for unemployed parents.

If otherwise eligible, homeless claimants may receive FS while residing in and/or receiving meals from a shelter. These claimants are not required to have access to refrigerators or cooking facilities as a condition of eligibility for FS. However, ineligibility results whenever claimants reside in shelters and receive from the shelter a number of meals equalling more than 50 percent in the month.

According to the latest statistics, 4,233 families or approximately six percent (6%) of the total AFDC families receive aid because a child(ren) has been deprived of parental support by reason of the unemployment of a parent (AFDC-UP). This definition of deprivation of parental support has been in effect for many years except from June 16, 1981 through June 16, 1983. I believe that the aforesaid number of AFDC-UP recipients refutes any claim that the Division of Family Services (DFS) is not providing aid to eligible unemployed parents.

Caseworkers, supervisors and other DFS personnel receive manual instructions, policy updates, and training as needed to determine eligibility for homeless FS and AFDC-UP claimants. Without having specific case situations, it is impossible to verify the facts and circumstances surrounding clients' eligibility, shelters' understanding of the FS and AFDC regulations, and DFS's explanation of these regulations. It would be helpful if you would let me know which county office and caseworker told your staff that applications are not taken for potential AFDC-UP claimants and that homeless FS claimants must have cooking and

•• AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER ••
services provided on a nondiscriminatory basis

Reagen Letter

Lt. Governor Harriett Woods
Page two

storage facilities. It is difficult to address specific situations without knowing the county office to which you are referring.

Please feel free to contact me if you have questions with regard to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "M. Reagen".

Michael V. Reagen, Ph.D.
Director

MVR:LAW:cs



JOHN ASHCROFT
GOVERNOR

MISSOURI
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
P.O. BOX 88
JEFFERSON CITY
65103

March 27, 1987

MEMORANDUM FOR AREA DIRECTORS AND COUNTY DIRECTORS

From: William F. Siedhoff *WFS*

Subject: Agency Position on the Homeless

As you are all aware, the problem of homelessness has become a significant issue in the State of Missouri in the past year. Considerable attention to this problem has been devoted by the General Assembly, as well as the Department of Social Services (DSS) and other state agencies in Missouri.

I believe it is now necessary to formally convey the position of DSS in addressing the homeless problem via DFS programs as follows.

- Aid to Families With Dependent Children

The AFDC assistance program is available to homeless families with children. When reviewing the factor, "child living in the home of the payee," the focus should be on the payee's assumption and continuation of responsibility for day-to-day care of the child. A home exists so long as the payee exercises responsibility for the care and control of the child, even though either the child or the payee is temporarily absent from the customary family setting.

The basis for "child living in the home of the payee" is found in the Social Security Act, Section 406 (a); federal regulations 45 CFR 233.90; Section 2081040 of the Revised Statutes of Missouri, 1969. Based on these provisions, AFDC is available to homeless families with children. The mere fact of the absence of a residence does not preclude the receipt of AFDC.

- Food Stamps

It is the position of the United States Department of Agriculture (USDA) that the homeless are eligible for Food Stamps if they meet the same requirements as those with homes. The fact that

MEMORANDUM FOR AREA DIRECTORS AND COUNTY DIRECTORS
Page 2

there is no address or abode is not reason for rejecting or closing a Food Stamp case.

Accommodations must be made by the county offices to avoid unnecessary or incorrect actions on a homeless case. These accommodations include: (1) making provisions for the homeless to pick up the food stamps at the county offices, (2) allowing the homeless to designate an agency or individual as the mailing address or to use "General Delivery" or post office boxes, and (3) making special arrangements to help the homeless comply with work registration and Job Search requirements, such as arranging with the homeless for them to pick up mail sent to the county offices periodically.

It is important that expedited services be provided within the required timeframes to avoid unnecessary pressure on the homeless.

• Child Abuse and Neglect Investigations

There have been a few suggestions by child advocates that children have been removed from their homes due to lack of housing. In no instance should we recommend to the Juvenile Court that a child be removed from their parents solely due to lack of housing, unless conditions of abuse or neglect exist as defined in Chapter 210.110.

It is my expectation that Area and County Directors encourage all staff to assist the homeless and to go one step further by initiating activities to assist the homeless. I would hope that we would be able to generate ideas and that DFS would act as a facilitator by volunteering our help in any local effort and/or organizing local efforts to assist the homeless. In this regard, I would like all Area and County staff to become familiar with the problems of the homeless in their respective counties. It is critical that staff be reminded that all citizens who come to our agency should be treated with respect and courtesy. Please remind your staff that I realize that often their patience is tried and tested by the individuals they come in contact with; however, please encourage and support them to treat our clientele with the utmost dignity.

WFS/kt

cc: DFS Executive Staff
Sub-Areas

STATE AGENCY CONTACTS

1. Department of Health	Susan Sherman	314 751-6003
2. Utility Assistance, DFS	Fred Fallon	314 751-4874
3. Division of Family Services	Frances Jobe	1 800 392-1261
4. Department of Mental Health	Dorn Schuffman	314 751-3944
5. Dept. of Elementary & Secondary Ed.	Elvin Long	314 751-3504
6. Department of Corrections	David Schreimann	314 751-4949

MISSOURI STATE BOARD OF EDUCATION

POST OFFICE BOX 480

JEFFERSON CITY, MISSOURI 65102

March 11, 1987

ARTHUR L. MALLORY
COMMISSIONER OF EDUCATION

Honorable Harriett Woods
Lieutenant Governor
State of Missouri
State Capitol
Jefferson City, Missouri 65101

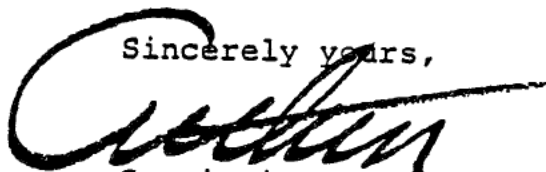
Dear Governor Woods:

'Thought you would be interested in seeing
what I had to say about the homeless in my
9 March 1987 letter to school administrators.

You are doing a good job bringing this issue
to the attention of Missourians and attempting
to find some long-lasting solutions to the
problem.

Good wishes.

Sincerely yours,

A handwritten signature in dark ink, appearing to read 'Arthur L. Mallory', written in a cursive style.

Commissioner of Education

Enclosure
cc: Elvin Long

(From March 9, 1987 letter to School Administrators,

THE HOMELESS

Recently, a good deal has been said about Missouri's homeless adults. Here in Jefferson City we have had numbers of these people around the Capitol holding up signs, calling attention to the fact that there are many human beings in the world who have no place to live.

In some cases, the homeless adults have homeless children. You and I, of course, come into the picture right here.

Lieutenant Governor Harriett Woods has convened a state task force to study the problems of Missouri's homeless citizens. Members of our Department have been involved in some of the meetings with a particular interest in the children involved.

Since these children do not have a permanent home address, problems in transportation, school assignment, attendance area, and breakfast and lunch programs often arise. I know you and your staff will stay alert and on the lookout for children and young people who find themselves in this situation.

It should be the school's priority to see that no child, regardless of status, is denied the very best educational program we can provide.



MISSOURI DEPARTMENT OF HEALTH

March 13, 1987

JOHN ASHCROFT
GOVERNOR

ROBERT HARMON, M.D.
DIRECTOR

MEMORANDUM FOR EXECUTIVE MANAGEMENT TEAM

From: Robert Harmon, M.D., M.P.H. *RH*

Subject: Homeless Health Services

As recently discussed, I am designating homeless health services as a priority concern for the Department of Health. Homelessness is being addressed by both a Cabinet Council on Human Services under the chairmanship of Dr. Michael Reagan, Director of the Department of Social Services, and a citizens' task force under the direction of Lieutenant Governor Harriett Woods.

The Lieutenant Governor's task force has proposed the following:

1. Acknowledgment of state responsibility for the homeless.
2. Better coordination of state services at the policy and delivery level to make them more accessible to the homeless.
3. Better uniformity of state agency rules and regulations for the homeless.
4. Outreach efforts by state agencies.
5. Better coordination by state agencies with local public and private efforts.
6. State level ombuds-person.
7. Timely delivery of homeless services.
8. Training of government employees to be more responsive to the needs of homeless.

The task force has identified key health issues to include the following:

1. Lack of transportation to health care facilities.
2. Dumping of patients prematurely by hospitals and clinics on homeless shelters.

- 2 -

3. Need for better control of contagious diseases such as lice and TB.
4. Need for more primary care services.

The Cabinet Council discussed homelessness on March 12. Keith Schafer, Ed.D., Director of Mental Health, agreed to coordinate. We should be hearing from him soon.

Lorna Wilson has conducted a telephone survey to see what local health departments are doing for homeless populations. Please let Lorna know if your Division is providing services. Susan Sherman will continue to provide legislative liaison on this issue.

RGH:dg

cc: Dr. Michael Reagen
Dr. Keith Schafer



State Capitol
Jefferson City,
Missouri 65101
(314) 751-3000

Suite 259, Wainwright Building
111 North Seventh Street
St. Louis,
Missouri 63101
(314) 444-7480

March 25, 1987

Dr. Keith Schafer, Director
Department of Mental Health
P. O. Box 687
Jefferson City, Missouri 65102

Dear Dr. Schafer:

I am pleased that you are the lead person for the cabinet council that will be dealing with the homeless issue, and that the council has had its first meeting.

As I noted in my March 10 letter to you, the Lieutenant Governor's Task Force has asked me to express their desire to work with the cabinet council on the homeless issue, and has asked me to serve as liaison.

To that end, I have materials from the task force which should be very useful to you. The Task Force has put together brief documents summarizing their work including an overview of the needs of homeless people in Missouri and gaps in meeting those needs, anecdotes illustrating the problems homeless people are having with state agencies; and a list of changes needed to eliminate those problems. I also have materials from other states which have created cabinet level task forces to deal with homelessness. I can make these materials available to you at your convenience.

The Lieutenant Governor's Task Force on the Homeless is going to meet again in April. All 30 or so members of the group, including virtually every key player in homelessness in the state, will attend. We are also inviting the Senate and House leadership and sponsors of key bills relating to homelessness.

I certainly hope you'll be able to make at least a brief appearance at the meeting. Face to face contact between you and members of this group would be of great material benefit.

Again, I'm pleased that the state is addressing the homeless issue at the cabinet level. I'm looking forward to working with the council and sharing the work of the Task Force with you.

Sincerely,

A handwritten signature in cursive script that reads "Harriett Woods".

Harriett Woods
Lieutenant Governor

HW/cb

P.S. I have written to Dorn Schuffman regarding some specifics relating to the Department of Mental Health. You should receive a copy of this letter.



State Capitol
Jefferson City,
Missouri 65101
(314) 751-3000

Suite 259, Wainwright Building
111 North Seventh Street
St. Louis,
Missouri 63101
(314) 444-7480

March 25, 1987

William Siedhoff, Director
Division of Family Services
P. O. Box 88
Jefferson City, Missouri 65102

Dear Bill:

Thanks again for taking the time to attend the March 4 meeting of the Lieutenant Governor's Task Force on the Homeless.

The purpose of this letter is to review the Family Services related issues raised at the meeting and actions you agreed to take in response to those issues. I hope this letter is helpful to you in the Division's continuing efforts to help Missouri's homeless.

The Task Force raised seven major issues related to Family Services. Your review and response to these issues would be appreciated. If you have additional issues, please include them in your response.

1. In recent years, DFS officials have not participated in local task forces and advocacy groups.

You noted in the meeting that while there was a policy to this effect in the past, it is no longer in force. You agreed to write a memo stating the present policy and encouraging DFS officials to participate in local task forces. Has this memo been sent?

2. There was the broad issue of consistent application of entitlement programs by DFS offices around the state. Specific examples were given about the lack of consistency regarding what the requirements are in order to receive food stamps while residing in a homeless shelter and the lack of knowledge about the AFDC-UP program in some DFS offices.

Could you share with us what steps you have taken to help clear up these types of problems with inconsistency?

3. People from the CAP office in Pike County reported that a DFS worker has threatened families with loss of their children if they become homeless. Other Task Force members said they were aware of similar incidents.

William Siedhoff

March 25, 1987

Page 2

You noted that it is not DFS policy to take children from their parents solely because of homelessness. It was pointed out that statistics may indicate that this is not occurring, however, the statistics may be misleading because families may be intimidated or threatened into not applying for services that they would be entitled to receive. What is being done to assure a more aggressive and positive response by DFS workers to qualify these people for services and to guide them to other resources available? You agreed to look into the Pike County incident specifically. The contact person from the Task Force for this issue is Carla Potts. She can be reached at 314-324-2231.

4. The group reported delays in receipt of emergency food stamps and regular food stamps and AFDC checks following initial application. These delays can cause homelessness.

Your response to this issue was that there is simply an overwhelming number of clients to deal with. We do understand that the state is under a court order regarding the timelessness issue. However, what steps are being taken to speed up issuance of both emergency and regular food stamps and AFDC checks?

5. The Task Force also reported that homeless people have problems getting to DFS offices, and once there are burdened by long waits and often must return the next day.

Can steps be taken to make DFS services more accessible to homeless people? Could DFS workers go to the shelters periodically to take applications and provide services?

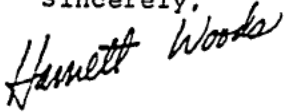
6. A concern was expressed by a shelter operator in St. Louis that DFS will occasionally ask the shelter to keep children who have apparently been temporarily deserted by their parents. This is a very difficult issue. Someone must be responsible for these children. Shelters are not equipped to provide care for children. There should be a solution that is acceptable from both the state's perspective and the shelters. Is there a way that a special group or task force could be named to work on this very troubling issue?
7. Is it your understanding that in order to improve communication and accountability between the shelters, local DFS offices, and Central office that when shelter operators or service providers experience a problem that they should attempt to solve the problem at the local level? A letter, directed to the appropriate local official, with a copy to you at the Central office would assure that Central office is aware of the problems in the field. The letter would also create a record which would be helpful for all concerned and for future reference.

William Siedhoff
March 25, 1987
Page 2

These are serious concerns that were discussed at the meeting. I would like to report back to the group on actions you have taken in response to the issues raised at the meeting.

Thanks again for your time and attention.

Sincerely,

A handwritten signature in cursive script that reads "Harriett Woods". The signature is written in dark ink and is positioned to the left of the typed name.

Harriett Woods
Lieutenant Governor

HW/cb

cc: Dr. Michael Reagan



State Capitol
Jefferson City,
Missouri 65101
(314) 751-3000

Suite 259, Wainwright Building
111 North Seventh Street
St. Louis,
Missouri 63101
(314) 444-7480

March 25, 1987

Dr. Arthur Mallory, Commissioner
Missouri State Board of Education
P. O. Box 480
Jefferson City, Missouri 65102

Dear Dr. Mallory:

Thank you for your March 11 letter. I was very pleased that you raised the needs of homeless children in your March 9 letter to school administrators. Simply creating awareness of the special needs of homeless children will make their lives better.

School administrators in Kansas City and St. Louis, where the homeless problem is most severe, may need more information on homelessness. A key advocate from Kansas City, Beth Liebling of Pilgrim House, and two from St. Louis, Capt. Mary Boyert of the Salvation Army and George Eberle of Consolidated Neighborhood Services, Inc., have volunteered to speak to school administrators, in groups or individually, about the particular needs of homeless children.

Could you pass these names on to appropriate school administrators in Kansas City and St. Louis, and let me know whom you've contacted? Once I hear from you, I'll encourage Ms. Liebling, Captain Boyert and Mr. Eberle to contact the appropriate administrators and arrange to meet with them.

One of the most important suggestions made by homeless service providers is that teachers who have homeless children in their classrooms should communicate not only with parents but with shelter operators. Perhaps in your next letter to school administrators you could suggest that they direct teachers who are having problems with homeless children to contact the shelter operators as well as the parents. This could prevent problems like the one reported in St. Louis where a homeless child suffering the effects of close confinement from living in shelters was punished for acting out by being deprived of recess when an outlet of physical activity was probably just what he needed.

Another issue raised by homeless advocates is the particular developmental problems of homeless children. Michael Klein of the Salvation Army in St. Louis reports that their screening of homeless children indicates that 10% of the children tested are in the mildly retarded range and an additional 34% of the children tested are in the slow learner category. The children displayed cognitive and developmental problems at three times the rate of

Lt. Governor Letters

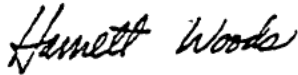
Dr. Arthur Mallory
March 25, 1987
Page 2

non-homeless children. In a related finding, a recent report issued by Travelers Aid shows that approximately 40% of homeless children across America are not in school. These facts indicate serious educational problems among homeless children. Do you feel the Department would be interested in looking into these problems? I feel certain that members of the Task Force would be interested in assisting the Department on any such initiative.

Many homeless adults lack a basic education. Many have no GED or vocational training. There appears to be many special educational needs of the homeless that could be met if services were easily accessible to these people. What is the possibility of bringing educational resources directly into the shelters or within easy access for the homeless?

Thank you again for your efforts on behalf of Missouri's homeless children. I will look forward to hearing from you.

Sincerely,

A handwritten signature in cursive script that reads "Harriett Woods".

Harriett Woods
Lieutenant Governor

HW/ms



State Capitol
Jefferson City,
Missouri 65101
(314) 751-3000

Suite 259, Wainwright Building
111 North Seventh Street
St. Louis,
Missouri 63101
(314) 444-7480

March 25, 1987

Dorn Schuffman
Department of Mental Health
P. O. Box 687
Jefferson City, Missouri 65102

Dear Mr. Schuffman:

Thanks again for taking time to attend the March 4 meeting of the Lieutenant Governor's Task Force on the Homeless.

The purpose of this letter is to review the mental health related issues raised at the meeting and any actions you agreed to take in response to those issues. I hope this letter is helpful to you in the Department's continuing efforts to help Missouri's homeless.

The meeting notes indicate one specific follow-up action. In response to a comment by a homeless advocate from Columbia, you agreed to contact the administrators of Fulton State Hospital and Mid-Missouri Mental Health Center to encourage them to become more actively involved in the local task force on the homeless. Could you confirm with us that this has been done?

In addition, the group raised three major mental health related issues. The notes from the meeting show no specific resolution of these issues. Here is a list of the issues and related questions which remain open.

1. Shelter operators have no information on drugs mentally ill homeless people are supposed to be taking. This makes it impossible for the shelters to provide oversight.

Your response at the meeting was that patient confidentiality makes it impossible to tell shelter operators what drugs people should be taking.

Is there any way to provide shelter operators with some information on the needs of mentally ill homeless people, while still respecting patient's privacy? Perhaps patients could waive their privacy rights to allow shelters to be informed of drugs they are taking. Even if this is not possible, should there be a contact phone number and name given to the shelter for emergencies or for special information on recently discharged patients?

Lt. Governor Letters

Dorn Schuffman

March 25, 1987

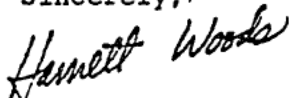
Page 2

2. Shelter operators are frequently faced with the situation where an unstable mentally ill person comes to their shelter. The shelters are not equipped to handle this type of individual. The Department needs to take responsibility for these people. What priority system can be set up for shelter operators who are confronted with this situation?
3. Many mentally ill people do not qualify for the Department's community placement program. Clearly, the Department does provide community placement for some, but not others. What is the possibility of expanding the community placement program to include those who are in need of the service and who are using homeless shelters?

These are serious concerns that were discussed at the meeting. I would like to report back to the group on actions you have taken in response to the issues raised at the meeting.

Thanks again for your time and attention.

Sincerely,



Harriett Woods
Lieutenant Governor

HW/cb

cc: Dr. Keith Schafer

HARRIETT WOODS

Lieutenant Governor



State Capitol
Jefferson City,
Missouri 65101
(314) 751-3000

Suite 259, Wainwright Building
111 North Seventh Street
St. Louis,
Missouri 63101
(314) 444-7480

April 21, 1987

Dr. Keith Schafer, Director
Department of Mental Health
P. O. Box 687
Jefferson City, Missouri 65102

Dear Keith:

Thanks again for attending the Lieutenant Governor's Task Force on Homelessness meeting. As the lead person on the homeless for the Governor's cabinet council, your presence indicated to the Task Force the administration's interest in this issue. I felt we were able to accomplish a great deal at the meeting and I would like to summarize those outcomes and action items which concern you.

1. Your proposal for regional meetings between the departments that provide services to the homeless and local providers was endorsed unanimously as a step forward. These meetings can improve internal coordination among state departments which has been a continuing concern of members of the Task Force. Such meetings also will open the lines of communication between state departments, private providers and the homeless.

As I understand, you or designated staff will set up each regional meeting for sometime early this summer. Our Task Force will be glad to help you contact key people in the different regions, as well as assisting you in any way they can to facilitate the meetings. I am enclosing a list of the members of the Task Force for your use.

2. You agreed to keep in touch with the Task Force so that you can use them as a "sounding board" as the cabinet council develops its recommendations for the Governor. In the meanwhile, several members of the Task Force have volunteered to put together their own ideas for policy directions that they will give to you.

3. Specific proposals from service providers may be sent to you directly. We have been made aware of a couple of proposals to the Department of Social Services.

4. A copy of the meeting report will be sent to you. This should include some additional specific concerns.

Keith, in closing I would like to say that I am personally pleased that you were able to attend the meeting and give as much time for a cabinet council briefing, open discussion, and questions and answers.

Lt. Governor Letters

Dr. Keith Schafer

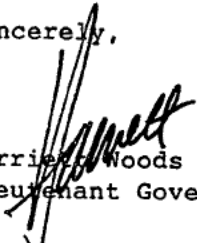
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April 21, 1987

The Task Force is anxious to work with you and the cabinet council as you develop recommendations for the Governor. This Task Force represents the key actors in the homeless issues from all across Missouri and I believe that their ideas and input to you will be invaluable.

Again, thank you for your participation. I look forward to working with you further on this very important issue.

Sincerely,



Harriet Woods
Lieutenant Governor

HW/ch

enclosure

HARRIETT WOODS**Lieutenant Governor**

State Capitol
Jefferson City,
Missouri 65101
(314) 751-3000

Suite 259, Wainwright Building
111 North Seventh Street
St. Louis,
Missouri 63101
(314) 444-7480

April 28, 1987

Dear Task Force Member:

It was good to see so many of you at our last meeting on April 13th.

I think it was a very good meeting. The presentation from Dr. Schafer was informative as well as an excellent opportunity for back and forth dialogue between yourselves and him.

As a followup to that meeting, I am sending you a summary of the meeting, a copy of a letter sent to Dr. Schafer outlining his part in the meeting, and a summary of the House and Senate versions of the federal Homeless Bill.

As planned, George Eberle, Mike Klein and Ann Rotermund have met once to begin putting together a proposal to give to the Cabinet Council. When it is ready for the review stage, I will send it along to you.

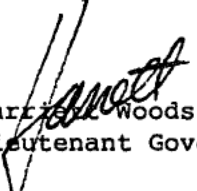
As you may recall, we did not set a definite date for another meeting. It was discussed that perhaps we should get back together late summer or early fall to look at the issue of low income housing.

I will keep in touch with you through correspondence in the meantime and I hope you will call or write if you have any reason to do so.

Again, I hope to have a copy of the suggested proposal for the Cabinet Council out to you soon for your review and comment. I also enclose a report of my commentary from the Post-Dispatch.

Let's keep in touch.

Sincerely,


Harriett Woods
Lieutenant Governor

HW/cb

enclosures

LIEUTENANT GOVERNOR'S HOMELESS TASK FORCE

Summary of April 13, 1987 Meeting

Introduction

This summary has three parts:

-Highlights from the discussion with Keith Schafer, Director of the Department of Mental Health, and lead cabinet official on homelessness for the Governor's Cabinet Council.

-Key points from discussions with state legislators sponsoring bills affecting homeless people and service providers

-Next steps agreed to by the Task Force

Highlights from discussion with Keith Schafer

-Note: No conclusions were reached at the meeting, and no commitments were made. However, Dr. Schafer did make several comments that could affect future policy. They are recorded here, along with related points made in discussion. Most of the comments dealt with the homeless mentally ill. Unless otherwise noted, the comments were made by Dr. Schafer.

I. -Introductory remarks

1. *Cabinet Council on Human Resource Issues

--Includes Departments of Social Services, Mental Health, Health, and Elementary and Secondary Education

--Will make policy recommendations to the Governor on homelessness, the rural crisis, and the crisis in health care costs

--Will make recommendations to the Governor within the next two months

--Will make no public announcements

2. *Current framework for thinking about homelessness

--Will look at long-term and short-term aspects of the issue

-Long-term: how to prevent homelessness, build a strong economic base and adequate support services

-Short-term: what should be the state's role in "acute intervention"

--Currently sees three categories of homeless people

-Street homeless--people with mental health, alcohol abuse, and chemical dependency problems

-Episodic homeless--people who may have mental health problems, but who are young and treatment resistant

-Situational homeless--people who have experienced economic crises or personal crises leading to homelessness; primarily women and children

3. *Initial ideas on homelessness

--Outlined in attached memo

II. -Key points made during discussion with the Task Force

1. *With federal money, we may have a chance of using excess space at Malcolm Bliss or State Hospital in St. Louis for residential care for homeless mentally ill.

-The group pointed out a particular need in St. Louis for a shelter for mothers with children and single women who have mental health problems and are disruptive in shelters for the general population.

-Dr. Schafer and members of the group expressed concern about stigmatizing members of this group by segregating them. However, the consensus was that a separate facility is needed.

-Dr. Schafer also expressed concern about maintaining quality of care at such facilities.

2. *There is unspent money in St. Louis for community placement because the state can't get private operators to open group homes. "If we get frustrated with St. Louis, we may have to build group homes on land we own there." (This may have been a reference to the possibility of using unused buildings at Malcolm Bliss and State Hospital for housing for the homeless mentally ill.)

-A task force member from St. Louis pointed out

that there is a new VA program for homeless veterans, with \$5 million nationwide for use in community support services. The VA looked for space for a group home in St. Louis and couldn't find any. The Task Force member felt that the state must encourage group home operators to open new homes when funds are available.

-The representative from the Department of Corrections observed that Corrections is also having problems opening group homes in St. Louis. He noted that all of this is contributing to homelessness.

3. *The state mental hospitals cannot alleviate the problems of the homeless mentally ill. They are running at 90% to 103% of capacity. At 90% the hospitals cannot admit any voluntary commitments. Release standards cannot be changed, and as a matter of policy, the department wants people out of the hospitals fast.

-The group observed that a program called "The Inn" at Western Missouri State, a program for homeless mentally ill, is working well.

-Dr. Schafer observed that the state does not have the funds for such programs, and that in-patient beds had to be cut to fund it, so the outlook for expansion or extension to other hospitals is not good.

-The group asked if there is a referral mechanism for voluntaries who are turned away.

4. *Dr. Schafer said, "We could do better discharge planning." He said that if the Department is referring people to shelters (when they leave state hospitals) the shelters should know in advance, and have information on the patient's medication. He said, "I don't buy the confidentiality argument" (a reference to an argument made by Dorn Schuffman of the Department of Mental Health that patient confidentiality precludes disclosure of their medication to shelters).
5. *There is not a lot of hope for things happening quickly in the area of services to homeless people, particularly to the homeless mentally ill. It will be a lean year with state money. If the state's tax windfall is not used this year, for example, there will be no new community placement beds. If federal money is made available, there will be new programs, but they won't be available quickly. With the feds, it takes years for things to happen.

6. *In an urban setting it makes sense for DFS workers to come to the shelters to take applications, etc. This is not case management, but simply having an arm of the local DFS office at the shelter.

-The group observed that DFS workers are currently not coming to the shelters.

-They also observed that having DFS workers come to the shelters could be the beginning of a much needed coordination of delivery of social services to homeless people.

III. -Outcomes and next steps

1. *Dr. Schafer requested that the group send ideas and concepts for the state to use in developing programs to aid the homeless. He suggested that these ideas be funneled through the Lieutenant Governor's office. (The Lieutenant Governor is acting as a liason between the Task Force and the Cabinet Council.)

-He observed that there are lots of good programs being offered now, and that he would like to be aware of them, particularly if the state is called upon to distribute newly available federal funds for homelessness. There are many good programs, he noted; they simply need resources.

-He also asked for ideas on things the state should not be doing, as well as on those it should be doing.

-He particularly suggested that the ideas not involve massive new money, because it's unrealistic to expect that there will be any.

2. *Dr. Schafer said that he would meet with the Task Force again as the Cabinet Council develops its policy recommendations. He would like to use the group as a sounding board, and to get further input on the direction of state policy.
3. *Dr. Schafer agreed that he and other members of the Cabinet Council should visit each city and hold meetings with providers of current programs for the homeless. He suggested that these meetings take place in the early summer.

-The group suggested that state legislators be invited to these meetings.

IV. - Other Task Force member comments

1. *Transportation continues to be a problem for shelter operators.
2. *The state must address the need for low income housing, jobs, education and job training.
3. *Regional people from the state social service departments must be made more responsive and more aware of the needs of homeless people.
4. *Teenage boys are being separated from their families because many shelters don't want to take them. What can the state do?
5. *A St. Louis shelter got nowhere when it asked DESE to offer an education class in its shelter. They were told the population was too transient.

Key points from discussions with state legislators

-Sue Shear's comments on HB 503 (see materials provided before the meeting for a summary of the bill)

*503 not an easy bill to pass; terribly expensive

*Not likely to be passed this session, but may be debated on the floor

*Will help alleviate homelessness, because it provides for treatment to mentally ill people "before they hit rock bottom"

-Pat Dougherty's comments on HB 297 (see materials provided before the meeting for a summary of the bill)

*Missouri's standard of need must be raised; it hasn't been honestly updated since 1969.

*This will help the state get an honest picture of poverty in Missouri.

*An honest picture of poverty in this state may encourage the legislature to raise AFDC benefits.

-Pat Dougherty's comments on the budget.

*If the low budget passes, there will be no money for homelessness next fiscal year.

*If we use the windfall this year and the high budget passes, we will see \$600,000 to \$1 million.

-Wayne Goode's comments on SB 299 (see materials provided before the meeting for a summary of the bill)

*The bill follows a change in federal law extending Medicaid benefits to pregnant women and children up to the federal poverty level.

*Right now, you become ineligible for Medicaid at a lower level in Missouri than in other states.

Next steps agreed to by the task force

-Input to the Cabinet Council

*A small subcommittee of the Task Force will develop a statement of policy to be submitted on behalf of the Task Force to the Cabinet Council.

-Three people from St. Louis agreed to draft the statement, George Eberle, Michael Klein, and Ann Rotermond.

-Bill Pape from Kansas City will send a copy of the homelessness principles that homeless service providers there are developing.

-A draft of the statement will be circulated to the Task Force for comment.

*Task Force members will participate in regional meetings set up by the Cabinet Council. If the Council does not take the initiative to set up the meetings, Task Force members are willing to do so.

*Task Force members will submit ideas to the Cabinet Council through the Lieutenant Governor's office.

-Public Relations effort

*Each member of the Task Force will make an effort to speak to community groups to raise awareness of the homeless issues.

-Continued follow-up on issues raised at earlier meetings

*Task Force members will continue to follow-up on issues like meetings with local state mental health officials (Columbia), and inclusion of local DFS staff in local homeless task forces (all communities), etc.

*The Lieutenant Governor's office will continue to follow-up with state agencies to make sure promised steps are being taken. In particular we will follow up with JTPA.

*Internal coordination within government agencies needs to reach down to regional and local levels. Proposed regional meetings may help. Task Force members need to report what is happening at local level.

-Longer term next steps

*At the next meeting of the Task Force (not yet scheduled) we will discuss where we will go on the critical issue of affordable housing.

Summary

-In preparation for that discussion, please examine what is going on in your community on this issue, so that you can inform the group. We can then plan in the context of existing programs.

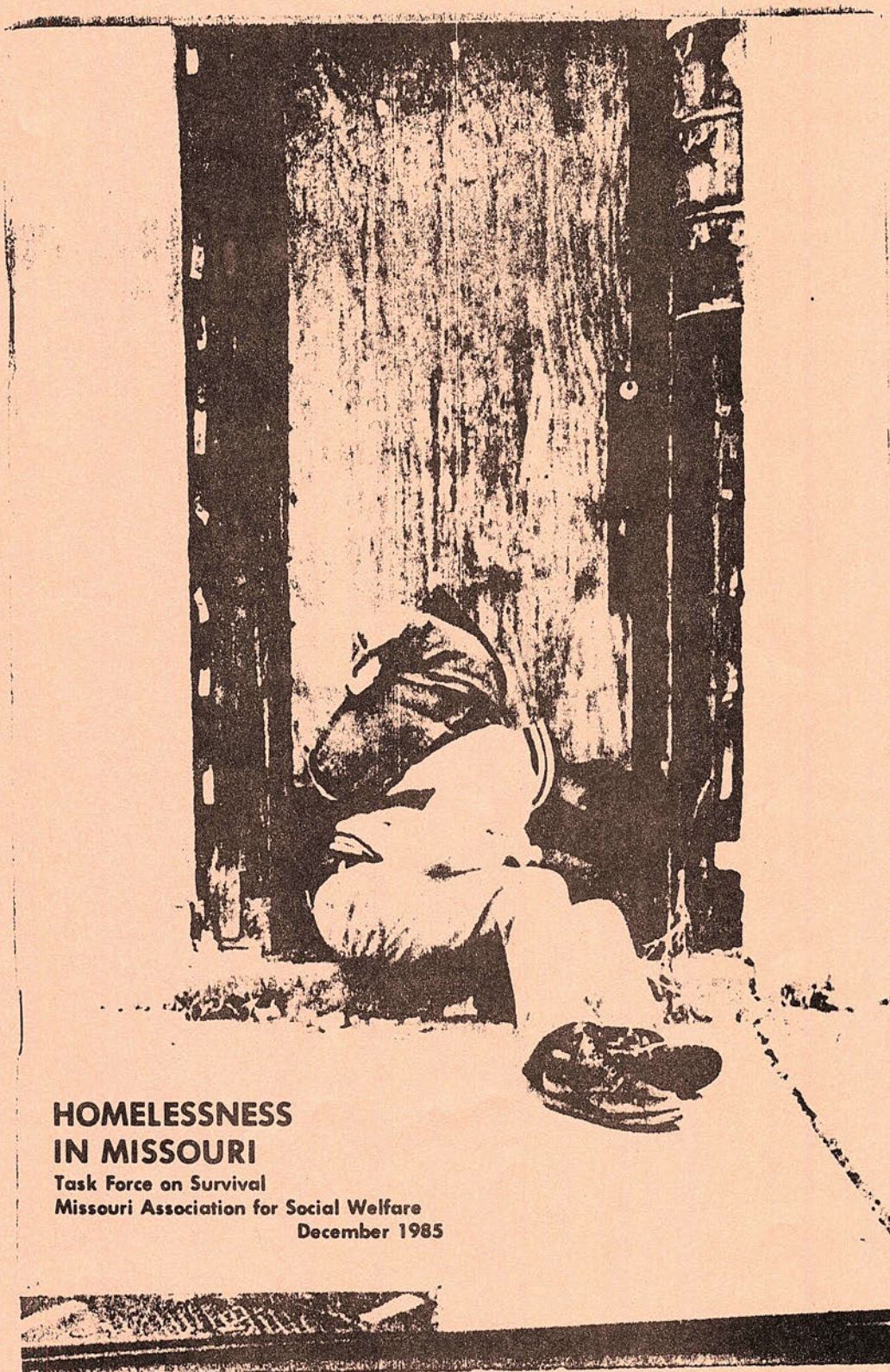
-A St. Louis conference on homelessness sponsored by St. Patrick Center is being held April 30-May 1.

-A conference on low income housing sponsored by Missouri Association for Social Welfare is being held May 8-9 in St. Louis.

-Federal legislation should result in new funds for homeless programs. Task Force members should consider how these funds should be allocated within the state. (See attached memo on status of federal legislation.)

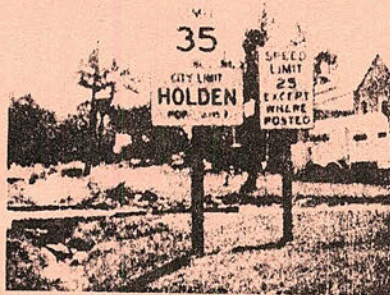
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HOMELESSNESS IN MISSOURI

**Task Force on Survival
Missouri Association for Social Welfare
December 1985**



Photos, Brewer Photography, Kahoka, and Ann Hardin, MASW Member.

BITTER HARVEST: THE QUESTION OF HOMELESSNESS IN RURAL AMERICA

by

Calvin L. Streeter, MSW, Doctoral Student
Washington University
George Warren Brown School of Social Work
St. Louis, Missouri 63130

Robert Frank, MSW, Assistant Professor
St. Mary's of the Woods College
School of Social Work
St. Mary's of the Woods, Indiana 47876

Presented at the Tenth National Institute
on Social Work in Rural Areas
Columbia, Missouri
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BITTER HARVEST: THE QUESTION OF HOMELESSNESS IN RURAL AMERICA

..... **Urban vs. rural:** While homelessness is typically perceived as an urban problem, homelessness in rural areas should not be overlooked. The rural economic crisis of the past few years has resulted in many farm foreclosures, small business failures, and a shift in settlement patterns as people move from small communities to larger commercial centers in search of employment. Rural homelessness is also an issue because of the large number of people who are on the move from one job to another. Since these people typically have limited financial resources and barely adequate means of transportation, it is not uncommon for them to become stranded in rural communities due to mechanical breakdown of their vehicle, the need for medical attention, or a lack of financial resources to go further.

Urban gentrification has been cited as a major cause of displacement in metropolitan areas. However, a similar process may also be occurring in rural areas (Harrington, 1984). Rural gentrification occurs as urban dwellers purchase second homes in rural areas. The process results in increased property value and decreased housing availability in some rural areas. The new rural gentry become weekend visitors in search of the quaint, romantic rural life. Since they rarely break their urban economic ties, their presence has little net economic benefit for the rural community and may displace some marginal rural residents.

In contrast to urban areas where a limited number of shelters, soup kitchens, and other support services are available, homelessness in the rural setting can be very difficult because of a lack of services for such people. This is especially true of transients and other people who are just passing through. As strangers in the community, they are often highly visible and may be treated with suspicion and avoidance.

It is not clear how much interaction there is between homelessness in rural and urban areas. It is possible that persons forced from their homes in rural areas are eventually turning up in urban shelters and soup kitchens, further taxing an already overburdened service delivery system. On the other hand, urban homeless may end up in rural areas if they have friends or family who can put them up for an indefinite period of time.

WHO ARE THE RURAL HOMELESS?

Several categories of homeless can be identified in rural areas. In some cases the rural homeless are similar to their urban counterparts. Such would be the case of the new poor, the deinstitutionalized person suffering from chronic mental illness, and the transients and vagrants who are generally classified as the traditional homeless. However, there are additional categories of homeless that may be unique to rural areas. These include displaced farmers and farm related trades, migrant farm laborers and the new hermits who find it easier to hide out in rural areas than to cope with the demands of society. Five categories of rural homeless will be discussed below: (1) the traditional homeless; (2) the new poor; (3) the mentally ill; (4) the displaced farmers and farm related workers; and (5) the new hermits.

..... **Displaced farmers and farm related workers:** Farmers and those working in farm related occupations constitute another group of potential homeless persons. The rural economic crisis that has plagued agricultural areas of the U.S. for the past several years has resulted in a large number of farm foreclosures with the resulting displacement of entire families of stable, productive members of rural communities. Of course, trouble on the farm has a rippling effect across all sectors of the rural economy. Seasonal farm workers are out of work, agribusinesses are going bankrupt, banks and other agricultural lending institutions are failing at an increasing rate, and main street in many rural communities is beginning to look like the movie set of an old ghost town.

Interviews with several shelter providers in rural areas suggest that few from this group are showing up in their shelters. So where do these people go when their version of the "American Dream" comes crashing down around them? A few are probably able to secure some form of employment in their community and are able to hang on through the rough times. Others may find help from family and friends until they can get back on their feet. Still others may move into the migrant labor stream, feeling compelled to leave the community either to save face after losing their farm or business, or to find work.

While this group may not constitute a very large portion of the rural homeless, it certainly represents a vulnerable group who are potential candidates for homelessness. In fact, for a farmer whose family has owned the same piece of land for several generations, losing the farm may represent a special type of homelessness. While the displaced farm family may be able to secure permanent housing in town and are, therefore, not shelterless, their new living quarters is unlikely to be seen as home for some time to come.

The new hermits: There has been much talk but little concrete information about the last category of homeless: the "new hermits". Discussions about the new hermits usually center around "back-to-the-landers" and Viet Nam veterans who find it easier to drop out than to cope with the demands of American society. There has been little documentation to support the existence of this group, but few knowledgeable social workers in Eastern Oregon and Washington, Northern Arkansas, and Western Virginia would deny that they are out there.

This scattered group of alienated individuals, lacking traditional support systems, are generally assumed to be self-sufficient in their primitive shelters. This assumption is a real danger because it overlooks the reality that these individuals currently or potentially need a full range of services including medical, legal, general assistance, and eventually aging services. Alienation and an apparent decrease in social skills among this group will likely present practitioners in some rural areas with an ongoing source of problem clients for many years to come.

Summary Report: Salvation Army Reception Center
Six Month Totals (May-Oct 1986)

General Characteristics

Total Cases	1208
Total Children	1863
Total Adults	1277
Total Persons	3140

Mean Income: \$344.64
(per month)

Income Sources	# cases reporting	percent
AFDC	456	60.08%
Full Time Emp	64	8.43%
Part time emp	90	11.86%
Food Stamps	2	0.26%
Parental Support	0	0.00%
Soc. Sec.	89	11.73%
Voc. Rehab.	1	0.13%
Vets. Ben.	9	1.19%
Unemployment	15	1.98%
Child Suppt.	9	1.19%
Other Pub Asst.	24	3.16%
total	759	100.00%

	Count	Percent
# reporting income	940	77.11%
reporting no income	245	20.10%
unknown	34	2.79%
total	1219	100.00%

Family Size	Count	Percent
1	324	26.82%
2	278	23.01%
3	257	21.27%
4	181	14.98%
5	87	7.20%
6	35	2.90%
7 or more	25	2.07%
Unknown *	21	1.74%
Total	1209	100.00%

Caller	Count	Percent
Self	1077	89.16%
Friend/Relative	23	1.90%
Church	1	0.08%
Police	3	0.25%
Agency	69	7.28%
Other	16	1.32%
Total	1209	100.00%

* Unknown = cases where data were not reported.

Adult Females (by age category)	Count	Percent
15-24	528	45.95%
25-34	451	39.25%
35-44	116	10.10%
45-54	38	3.31%
55-64	15	1.31%
65-74	1	0.09%
Total	1149	100.00%

Adult Males (by age category)	Count	Percent
15-24	44	29.33%
25-34	61	40.67%
35-44	32	21.33%
45-54	6	4.00%
55-64	5	3.33%
65-74	2	1.33%
Total	150	100.00%

Females: Min. Age 16
Max. Age 68
Mean Age 27.2

Males: Min. Age 16
Max. Age 74
Mean Age 31.2

Children (by age category)	Count	Percent
0-3	717	38.30%
4-6	443	23.66%
7-9	304	16.24%
10-12	231	12.34%
13-15	112	5.98%
16-18	65	3.47%
Total	1872	100.00%

Mean Age = 5.56

State Residence	Count	Percent
Missouri	1192	91.23%
Arkansas	3	0.25%
Illinois	22	1.52%
Tenn.	2	0.17%
Iowa	3	0.25%
Indiana	6	0.75%
Other	56	4.64%
Unknown	11	0.91%
Total	1209	100.00%

Marital Status

	Count	Percent
Single	797	65.98%
Married	109	9.02%
Separated	180	14.90%
Divorced	32	6.79%
Widowed	21	1.74%
Unknown	19	1.57%
Total	1208	100.00%

Family Composition

	Count	Percent
Single Female	259	21.44%
Single Male	29	5.71%
Female/Children	788	65.23%
Male/Children	12	0.99%
Couple	17	1.41%
Couple/Children	35	2.90%
Extended Family	15	1.24%
Other	3	0.25%
Unknown	10	0.83%
Total	1208	100.00%

Ethnic Background

	Count	Percent
Black	933	77.24%
White	220	18.21%
Other	15	1.24%
Unknown	40	3.31%
Total	1208	100.00%

Most Recent Residence

	Count	Percent
St. Louis City	918	75.99%
St. Louis County	154	12.75%
Illinois	25	2.07%
Missouri	30	2.48%
Other	61	5.05%
Unknown	20	1.66%
Total	1208	100.00%

Pregnancy in Family

	Count	Percent
Yes	121	10.02%
No	977	80.88%
Unknown	110	9.11%
Total	1208	100.00%

Age of Pregnant Women

	Count	Percent
17 - 22	66	54.55%
23 - 27	33	27.27%
28 - 32	14	11.57%
33 - 37	8	6.61%
Total	121	100.00%

Veteran in Family

	Count	Percent
Yes	64	5.30%
No	1122	92.88%
Unknown	22	1.82%
Total	1208	100.00%

Other Referrals
(combined all cases)

	Count	Percent
1 Child Abuse Hotlin	1	0.23%
2 Elderly Abuse Hoti	1	0.23%
3 STL City Housing A	4	0.90%
4 County Housing Aut	0	0.00%
5 Malcom Bliss	2	0.45%
6 State Hospital	0	0.00%
7 Am. Red Cross	1	0.23%
8 Legal Aid	4	0.90%
9 Sal Army Relocatio	5	1.13%
10 Traveler's Aid	4	0.90%
11 Neighbor/friend	3	0.68%
12 Paraquad	1	0.23%
13 Victim's Asst.	1	0.23%
14 Good Samaritan	1	0.23%
15 Women's Self Help	12	2.71%
16 Other	5	1.13%
17 Civil Courts Bldg.	1	0.23%
18 Soc Serv. Agency	2	0.45%
19 Christ Ch. Day She	111	25.06%
20 St. Pat's Trans.	2	0.45%
21 Red Cross Transp.	1	0.23%
22 Shaarock	1	0.23%
NA *	281	63.43%*
Total	443	100.00%

*Note: Not Applicable, includes cases where no additional referrals were made.

NOTE: The following three questions were added to the Reception Center Form A Data Base in October.

Education (October only)			Time without Residence (October only)		
	Count	Percent		Count	Percent
Up to 6th Grade	4	2.25%	0 - 3 mths	166	95.45%
Jun. High - 9th	20	11.24%	4 - 6 mths	6	3.41%
H.S.	125	70.22%	7 - 12 mths	2	1.14%
Voc/Tech	3	1.69%	1 - 2 yrs	0	0.00%
Jun Coll	19	10.67%	2 - 4 yrs	0	0.00%
Coll. 4 yrs	7	3.93%	More than 4 yrs	0	0.00%
Grad Sch.	0	0.00%			
Total	173	100.00%	Total	176	100.00%

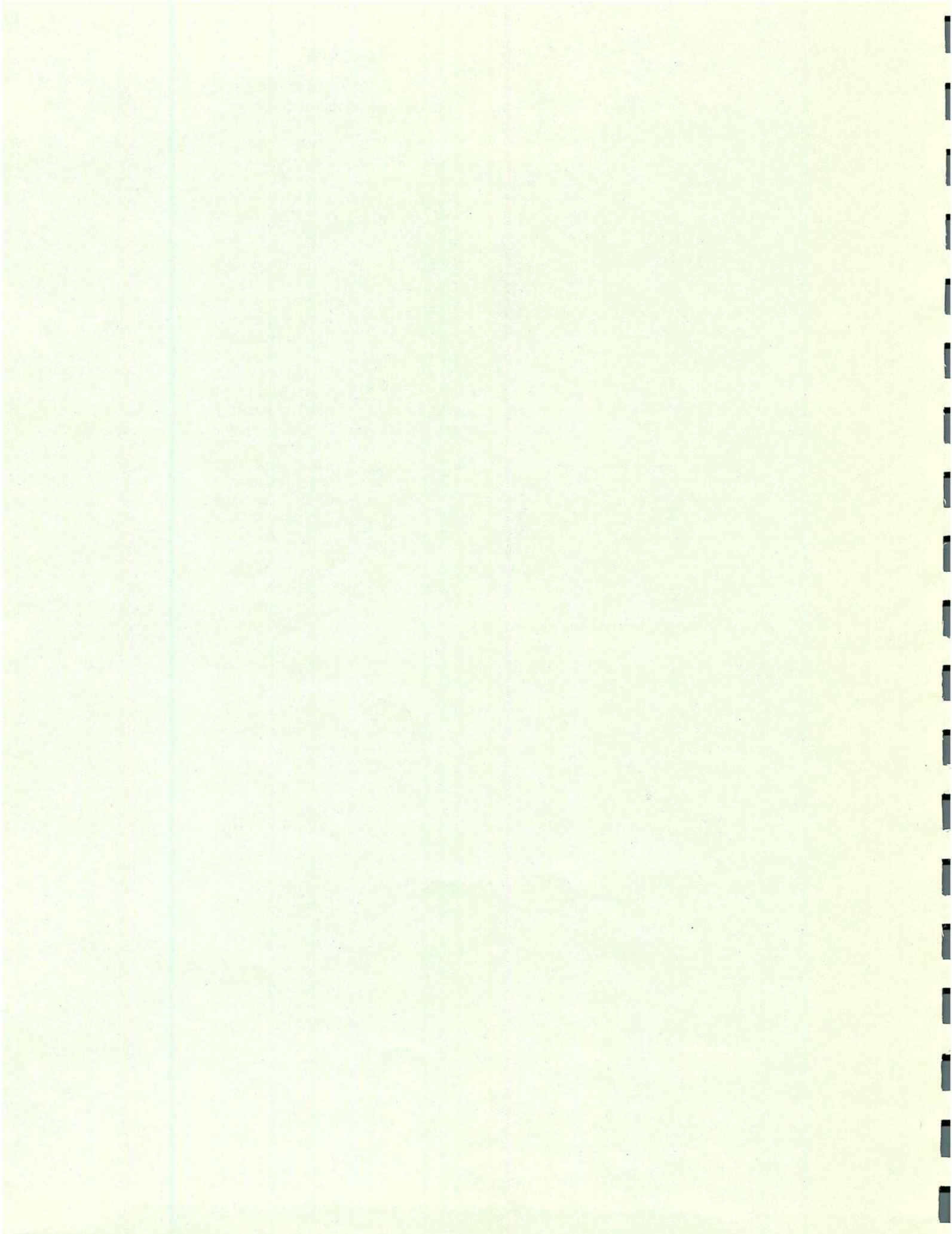
Caller Learned About Reception Center (October only)		
	Count	Percent
Friend	22	12.15%
Agency	15	8.23%
Self	138	76.24%
Unknown	6	3.31%
Total	181	100.00%

Reasons for Emergency
(primary reasons only)

	Count	Percent
1 Stranded	40	3.31%
2 Relocating	86	7.12%
3 Abuse	112	9.27%
4 Income Loss	25	2.07%
5 Overcrowding	47	3.89%
6 Fire	30	2.48%
7 Eviction	166	13.74%
8 Foreclosure	7	0.58%
9 Condemnation	18	1.49%
10 Sub-standard housing	54	4.47%
11 Men/Health Deinsti	7	0.58%
12 Utilities Off	9	0.75%
13 Lease Violation	16	1.32%
14 Protective Service	3	0.25%
15 No long stay/fam.	370	30.63%
16 Other Instit. Rel.	27	2.24%
17 Building Sold	17	1.41%
18 Spouse Desertion	12	0.99%
19 Med Treatm/family	5	0.41%
20 Mental/health prob	6	0.50%
21 Other	78	6.46%
22 Unknown	63	5.22%
23 Shelter time/up	10	0.83%
Total	1208	100.00%

Current Housing Situation

	Count	Percent
On the Street	475	39.32%
At risk (0-48hrs)	446	36.92%
At risk (3-60days)	284	23.51%
Unknown	3	0.25%
Total	1208	100.00%



FACT SHEET: HOMELESS PEOPLE IN ST. LOUIS

The following provides a brief summary of major characteristics and needs of homeless people in St. Louis. This information is based on a 1983-84 random, representative sample of 248 homeless people in 13 St. Louis shelters.

Background Characteristics and Experiences

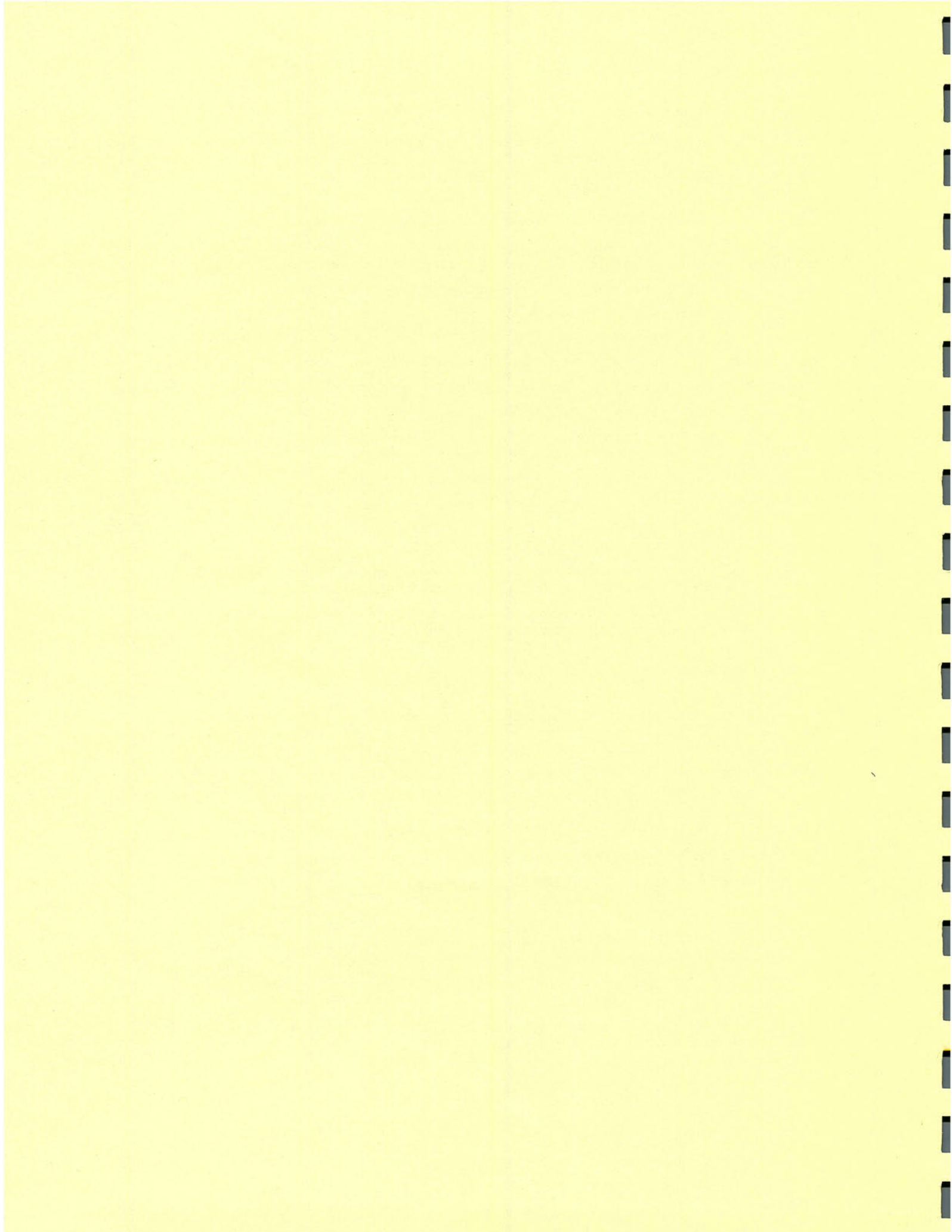
- *The length of time homeless varied widely, from 1 day to 14 years. About one-half had been homeless for three months or less, but 16.5% had been without a home for more than two years.
- *Nearly two-thirds of the homeless people were racial minorities.
- *Most (77.3%) homeless people were from poor socioeconomic class backgrounds.
- *Almost all (95.6%) of the homeless were of a single, separated, or divorced marital status.
- *About two-thirds of homeless women are caring for dependent children.
- *Homeless people had experienced extremely high levels of life crisis, 3.3 times greater than the general population, in the year before they first became homeless.
- *"Transients" composed a small minority (13.7%) of the homeless. The vast majority were permanent residents of the St. Louis area.
- *About one-half had been homeless more than one time during their lives.
- *About one-third (35.6%) slept on the streets at least part of the time as well as in shelters.

NEEDS ASSESSMENT

- *Permanent housing was the highest priority of homeless people, desired by nearly every person, but only about one-fifth were receiving any type of assistance for obtaining permanent housing.
- *The vast majority (90.7%) of the homeless were unemployed, employment assistance was the second most highly valued priority, and yet again, only about one-fifth of the homeless people were being helped in this area.
- *The median weekly income of all homeless people was 30 cents.
- *About one-fifth of the homeless had chronic mental health needs and about one-third had crisis/acute mental health needs. About one-half of the total sample indicated some willingness for mental health service, but only 15% were currently receiving any form of treatment.
- *Other common areas of unmet need for a majority of the homeless included job training, physical health, food, clothing, and improved personal safety. Many homeless people also appeared to be in need of greater social support.
- *A significant minority of about one-third of the homeless were in need of alcohol/drinking treatment. Most were willing to receive treatment, but only 5.7% were currently receiving such service.
- *Homeless men in particular were experiencing a markedly poor quality of life.

**SOURCE: Morse, G. Shields, N.M., Hanneke, C.R., Calsyn, R.J., Burger, G.K., and Nelson, B. (1984).
Homeless People in St. Louis.

Report is available from Community Placement Coordinator (CPS), Missouri. Department of Mental Health, P.O. Box 687, Jefferson City, Mo. 65102.



MAYOR'S
TASK FORCE ON THE HOMELESS
REPORT

George Eberle, Chairman

TASK FORCE REPORT

I. CAUSES OF HOMELESSNESS

People become homeless because of:

- a.) eviction,
- b.) foreclosure,
- c.) abuse or other crisis,
- d.) unemployment,
- e.) inadequate income,
- f.) mental illness, and
- g.) shortage of low income housing.

In addition, the marginally housed represent the greatest unknown because they are so difficult to study.

II. CONSENSUS ON DEMOGRAPHIC DATA OF THE HOMELESS IN ST. LOUIS

A. The Street People

1. Each year about 1,000 people spend some of their time on the streets. Sleeping on grates, in abandoned cars, culverts, and doorways, they are the most visible and most destitute of the homeless. Some are:
 - 1.) seasonal migrants,
 - 2.) some temporarily on the street because of some crisis,
 - 3.) for some it is a way of life, and
 - 4.) some are people who would have been hospitalized in the days prior to "de-institutionalization" of the

nation's mental hospitals.

- a.) all are poorly nourished, in poor health and without income,
- b.) many are chemically dependent,
- c.) some require medication which they can't afford or won't take.

2. It is estimated that 16% of the street people have psychological problems, 20% are alcohol dependent, 54% lack employment and housing, and 5% are temporarily dislocated. Some street people fall into more than one category.

B. The Sheltered

1. About 10,000 people spent some portion of last year in one or more emergency shelters. Over three-fourths of the households (as compared to individuals) requesting shelter are headed by women; most often a black woman with two or three children. Average income for households requesting shelter is about \$2,400 annually, well below any poverty guidelines.
2. There is a need for additional emergency beds. However, creation of additional shelter beds is not the solution; creation of affordable, adequate housing is. Many more shelter beds would create a class of permanent "refugees". Energy and resources channeled in the direction of permanent

housing as described in the Recommendations would work toward eliminating the problem which the Task Force estimates affects 15,000 to 20,000 family units, or nearly 50,000 in the City of St. Louis.

Executive Summary

A prevalence survey of 1985 homelessness in Kansas City, Missouri, was initiated in January, 1986 by the Office of Health Research and Analysis (OHRA), Kansas City Health Department.

The methodology consisted of querying all known emergency shelter providers regarding clients housed during 1985 via a service utilization questionnaire developed by OHRA.

The queries included total and unduplicated counts of persons served, shelter capacities, average daily census, incidents of maximum shelter capacity utilization, clients served by other shelters, and proportion of clients served who stayed in Kansas City less than three months (classified as transient).

The counts obtained from these responses were then adjusted for duplication (assuming only one other shelter utilization per individual) across shelter sites, as estimated by the respondents. A total of 5548 persons (3371 men, 971 women, and 592 children and 614 others) were provided shelter at least once during 1985 of whom 1482 were Kansas City Missouri residents. 60.4% of the total was estimated to have utilized more than one shelter during the year and 35.3% of the total served were estimated to be not Kansas City, Missouri residents.

No shelter reported being filled to capacity for the full year, although shelters accounting for 56% of the total shelter capacity were fully utilized at least 100 days during the year. 33,026 person days of service were provided, which represents 19.3% of the total annual capacity of 170,820 person days. However, not all the services provided are equivalent-e.g., the chemical abuse and children care facilities cannot be readily mixed.

The total reported census shows a decline of 11.5% in 1985 from 1984. The 1985 report did not attempt to develop an estimate of the number of persons who utilized services other than shelters, such as soup kitchens.

All operations surveyed in 1985 seemed to have a better data base than in 1984. In particular, counts of persons served were accurate within facility although the duplication of same individuals served in different facilities was only estimated by the informant at each facility. Using the percentages and classifications developed for a dissertation research at the University of Missouri, St. Louis, the Kansas City projections are: average needs = 788, drinking problems = 293, mental health = 245, advantaged

(some education and skills and employed some of the time) = 71, unclassified = 851.

A total of 885 women and 1170 children were provided shelter from domestic violence during 1985, with all the shelters reporting full capacity utilization for at least 180 days. Transients was estimated to be less than 1% in this population. The informants also estimated the redundancy in counts due to multiple shelter utilization in this population to be negligible.

A total of 2701 men and 433 women were reported served in the transitional facilities. This total was comprised of 170 mentally ill, 45 ex-offenders, 1395 ex-offenders who were also chemical substance abusers, and 849 plus 776 (Salvation Army Adult Rehabilitation) chemical abusers. Some of these facilities reported capacity utilization for the full year, with the average daily census being 97% of the total capacity.

This study does not indicate any growth in the number of homeless in Kansas City during 1985. A minimal estimate of the resident chronic homeless is 494, economic or acute homeless is 988, displaced spouses and children 2055, and transitional housing 448. However, one of the major weaknesses of this study is the lack of solid information regarding the number of different shelters a single individual may utilize in one year, except for abused spouse and children data, which seems to be quite accurate. The data base is improved from last year. Although total capacity seems adequate, some types of shelter may be in short supply during the winter months. Excellent cooperation with the request for information was the rule for this study. Perhaps this cooperation can be extended to develop a better profile in the variety of "homelessness", clearly not a homogeneous population.

At least two important concepts arise from this study. The first is that the homeless population is not now growing in Kansas City as measured by emergency shelter utilization. The second is that the population is heterogeneous and hence the "problem" is a collection of different problems. A further finding is that approximately 35% of the service provided to the homeless in Kansas City in 1985 are not to residents.

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TABLE 7

Adjusted Estimates of Homeless Persons
(Resident) by Morse's Typology

<i>Type</i>	<i>Percentage (Morse, 1984)</i>	<i>Individuals</i>
Average needs	53.2%	788
Drinking problems	19.8%	293
Mental health	16.5%	245
Advantaged	4.8%	71
Unclassified	5.7%	85
<i>TOTALS</i>	<i>100.0%</i>	<i>1482</i>

TABLE 16

Total Individuals Reported - 1984 v. 1985
(Uncorrected for Duplication or Transiency)

<i>Category</i>	<i>1984</i>	<i>1985</i>
Emergency Shelters	6,256	5,548
Women's Shelters	1,960	2,055
Transitional Facilities	4,096	3,235
<i>TOTALS</i>	<i>12,321</i>	<i>10,838</i>

TABLE 17

Total Individuals Reported - 1984 v. 1985
(Corrected for Duplication and Transiency)

<i>Category</i>	<i>1984</i>	<i>1985</i>
Emergency Shelters	5,042	1,482
Women's Shelters	1,960	2,055
Transitional Facilities	3,891	448
<i>TOTALS</i>	<i>10,893</i>	<i>3,985</i>

TABLE 18

Upper and Lower Limits for Core Estimates

<i>Category</i>	<i>Lower Limit</i>	<i>Upper Limit</i>
<u>TRADITIONAL HOMELESS</u>		
Chronic Homeless (Street)	494	765
Acute Homeless (Economic)	988	1531
<i>CORE TOTAL</i>	<i>1482</i>	<i>2296</i>
<u>DISPLACED</u>		
Abused Spouses & Children	2055	2055
<u>AT RISK (MARGINAL)</u>		
Transitional Clients	448	1459
<i>TOTAL (ALL CATEGORIES)</i>	<i>3985</i>	<i>5810</i>

January 28, 1987

Beth Liebling - Director of Family Services, City Union Mission, Kansas
City, Missouri
Member of Missouri Association For Social Welfare (MASW)
Member of Kansas City City Council's Ad Hoc Committee on
Shelter for Homeless

I. Need For State Intervention Into Low-Income Housing Problems

A. Hotline for the Homeless - Representing Kansas City's 10 major
shelters - statistics for 1986

1. Received unduplicated calls representing 7,634 people
2. 2,656 of these were children
3. Number of family/couple rooms requested - 1,875
Number of family/couple rooms filled - 769
4. 50% of calls were from families/couples.
5. Average demand for family rooms per week - 38
Average rooms available per week - 15

B. People are caught in shelters for longer periods of time. One
of the major factors for homelessness and the length of time in
that state is the inability to find affordable housing.

This is a two headed monster because as families are trapped in
shelters for longer stays, shelters are unable to take more
families in.

C. Non-profit housing developers are interested in building or
rehabbing low-income housing units, but need finances/options
to do so.

By subsidizing construction, operating costs for the family are
lower. This could eliminate the need to subsidize rent.

D. Redevelopment of the inner city and downtown has eliminated many
pockets of affordable housing for the poor.

E. There are long waiting lists to get Section 8 certificates or to
get into public housing.

F. There is a need for housing for the mentally and physically
handicapped - seeking alternatives to unproductive lives in
institutions.

G. According to the City of Kansas City, Missouri's Housing Assistance
Plan, there are 25,832 substandard units suitable for rehab.
There are 24,000 low income units available for 41,000 low income
families leaving a deficit of 17,000 units.

- I. H. In MASW's Preliminary Report on low income housing in Missouri we had a deficit of 23-75,000 units for low income households depending on whether households spent one-fourth or one-third of their income for gross rent in 1980. (see attached graphs)

Current need is probably 50-100% greater based on -

1. Loss of existing units
2. Rise in housing costs in relationship to income
3. Increase in poverty and homelessness since 1980

"Efforts to preserve existing low cost housing stock are as important to the overall supply as efforts to build and rehabilitate new units. These efforts range from assistance to public and private landlords in maintaining and upgrading existing units to protection from displacement of low income households in redevelopment areas.

Discrimination by landlords against families with children contributes to homelessness by tightening the supply of available housing. Many residents of emergency shelters are unable to leave because they cannot find permanent housing. Social service programs which attempt to break the cycle of homelessness cannot be effectively implemented when families' energies are concentrated on finding immediate shelter. The acquisition of permanent housing is the mainstay around which other life improvements are based."

Quoted from MASW's report, p. 6

- I. A survey was taken of some homeless and low income families in Kansas City. They identified the following problems with low income housing. (Listed in order of importance)
1. Initial deposits for rent and utilities.
 2. Lack of low cost housing or not enough income.
 3. Problems finding housing.
 4. Problems getting to places advertised for rent.
 5. Landlords won't accept children and racial discrimination.

Comments on Section 8 and public housing were:

1. The lack of it.
2. Long waiting lists.
3. Need to make the homeless a priority for it.

- II. Homelessness and/or Transiency among low income families obviously has adverse effects on the family structure.

- A. Some families adjust to transient or shelter living. They lose a sense of:
1. Personal responsibility
 2. Personal accountability
 3. Personal motivation

- II. B. Identifying traditions and rituals (including a family's unique value system) are weakened and sometimes lost in the warehousing of families.
 - C. Children's trust is undermined -
 - 1. By the presence of conflicting authority figures.
 - 2. Lack of provision of the child's perceived needs.
 - 3. Inability on the part of the parent in crisis to give the emotional support and stability that the child needs.
 - III. New funding mechanisms are needed at the state and local level to finance new construction and rehabilitation of low income housing.
- Housing Trust Funds (HTF) have been introduced and used successfully in other parts of the country and provide models for Missouri. The problem of inadequate low cost housing is so vast that multiple approaches are necessary at all levels of government and through the efforts of the private sector and non-profit organizations.
- (Refer to handout "STATE HOUSING TRUST FUND EXPERIENCE" which includes examples of other successful state HTFs.)

Tour illustrates group's call for housing aid to KC's poor

By Katherine Foran
Of the Metropolitan Staff

The bare laths on the kitchen ceiling are rotting, and the back porch of the building at 33rd Street and Montgall Avenue has caved in. Water has been shut off, and a condemnation notice is posted on the front door.

But two families still live there because they have no place else to go but the streets.

The stop was one of four on a tour of housing needs of the city's poor conducted Thursday by the Ad Hoc Committee on Shelter for the Homeless.

The committee invited the Kansas City Council on the tour to muster support for a resolution that would be a first step toward possible legislation requiring developers to help build low-income housing.

The city Plans and Zoning Committee on Thursday recommended approval of the resolution, which was introduced by Councilman Emanuel Cleaver.

The resolution, which the City Council is scheduled to vote on next week, directs City Manager Dave Olson to develop a plan to provide and finance low-income housing and consult with the Ad Hoc Committee while doing so.

Last month, the Ad Hoc Committee, appointed by the City Council a year ago to study the city's housing needs, recommended that developers — especially those receiving tax abatement — help pay for low-income housing.

Initially, the council had looked only at asking developers to pay if they were receiving tax abatement and condemnation powers under Chapter 353 of Missouri's redevelopment law.

But Mr. Cleaver said the city staff was concerned that such a requirement might not stand up in the courts. Other developers who have tax relief or incentives through public agencies also should be considered as part of any plan, he said.

The Ad Hoc Committee contends that redevelopment of the inner city and Downtown has eliminated many pockets of affordable housing for the poor.

"We wanted to demonstrate to council members the need that is out there and that the lack of low-income housing in the city is partly due to redevelopment," said the Rev. Bill Pape, executive director of Metropolitan Lutheran Ministry and an Ad Hoc Committee member. "We think developers should provide some low-income housing, too."

Hattie Reid told the group that her family chose to stay in the condemned building on 33rd Street because a shelter for the homeless was the only alternative. Federal and local emergency housing relief is unavailable, and she has been told it would take months to get into public housing.

At another stop, residents of the West Bluff housing project in the

2000 block of Belleview Avenue said they wished there were an affordable alternative to the projects and the theft, drug and noise problems that abound there.

At the Transitional Living Consortium, a non-profit agency that helps provide community living for the mentally ill, staff and clients described the need for housing for people seeking an alternative to unproductive lives in institutions.

Later in the tour, a representative of the Blue Hills Homes Corp. said more creative public and private financing options are needed to aid projects such as those undertaken in the 3500 block of Wabash Avenue. Blue Hills has converted abandoned and blighted duplexes on the block into attractive low-income housing.

Mr. Cleaver and Councilman Frank Palermo toured the sites. Aides for Councilmen Robert M. Hernandez, Jerry Riffel, Mike Burke and John Sharp also were there.

Whatever low-income housing plan the city develops must strike a balance between development interests and concerns for the needs of the poor and homeless, Mr. Cleaver said.

Mr. Palermo agreed: "I think this council has demonstrated that it's all for development. But I think it's about time that we bring some compassion into the development formula."

Low-income housing draws crowd

By Mary Sanchez
staff writer

The chance to join a waiting list for low-income housing attracted a throng in Kansas City, North.

Jefferson Manor, a low-income town house project, began accepting applications for tenants at 9 a.m. Wednesday.

"I was amazed at how many people we had here. Some of them arrived with quilts to keep warm at 3:30" Wednesday morning, said Nadine Brown, manager of the town homes.

Mrs. Brown plans to add 75 persons to the waiting list, and she said this morning she expected to have filled all spots by the end of the day.

When the office doors opened

at 9 a.m. Wednesday, more than 50 persons were already there to fill out the forms for the Section 8 housing.

"I was here at 9 o'clock and I was number 44," one woman said.

Section 8 housing is a federal program under which the rent paid is based on a person's income and the number of people that resident must support.

Some residents have paid as little as \$1 per month after deductions are made and rent is figured at 30 percent of the remaining income, Mrs. Brown said.

"There is a crying need for low- and moderate-income housing for people in the Kansas City area," said James Yarmo, vice president of Yarco Company

Inc., the general managing partner and management agent of Jefferson Manor.

According to the Housing and Urban Development's Kansas City office, Jefferson Manor and Crestview Village Apartments in Liberty are the only fully Section 8 housing north of the Missouri River.

Persons calling Wednesday about low-income housing at Jefferson Manor received a recorded message, saying only 45 applications could be handled that day. The rest of the applicants were given numbers and asked to return today.

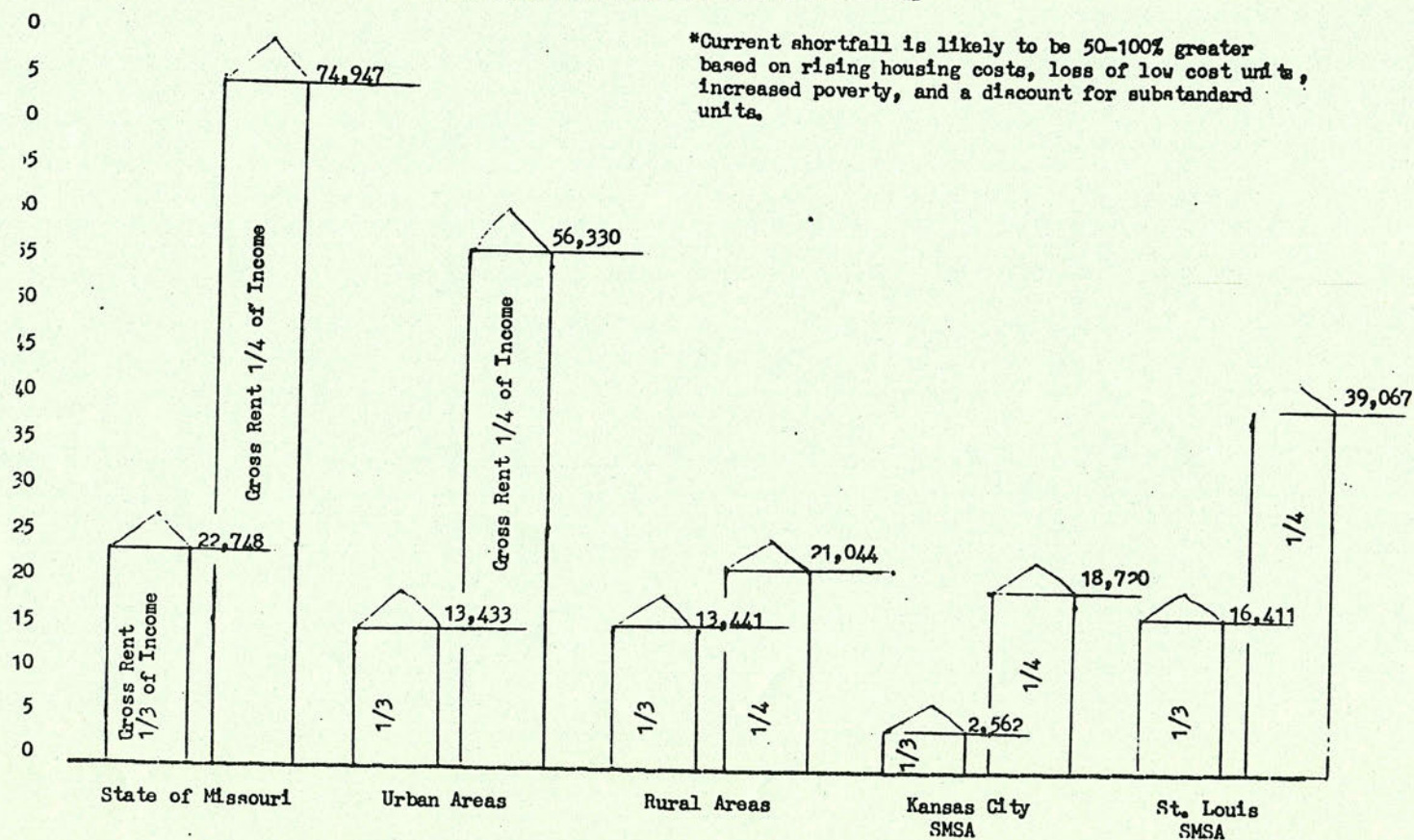
Jefferson Manor's 87 units are full—people may have to wait more than a year before they are able to move into the two- and three-bedroom town houses.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM ENTITLEMENT PROGRAM HOUSING ASSISTANCE PLAN				Form Approved OMB No. 2510-0062				
				1. NAME OF COMMUNITY				
				City of KANSAS CITY, MISSOURI				
				2. GRANT NUMBER				
				B - 8 6 - M C - 2 9 - 0 0 0 3				
3. PERIOD OF APPLICABILITY				5. HUD APPROVAL				
FROM: October 1, 1985 TO: September 30, 1988								
4. DATE OF SUBMISSION								
October , 1985 <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision <input type="checkbox"/> Amendment								
PART I - HOUSING ASSISTANCE NEEDS								
TABLE I - HOUSING STOCK CONDITIONS								
	TENURE TYPE	STANDARD UNITS		SUBSTANDARD UNITS		SUBSTANDARD UNITS SUITABLE FOR REHAB		
		OCCUPIED UNITS	VACANT UNITS	OCCUPIED UNITS	VACANT UNITS	OCCUPIED UNITS		VACANT UNITS
						Total	Lower Income	
		A	B	C	D	E	F	G
6	Owner	88,768	1,041	15,609	2,525	14,548	7,162	1,447
7	Renter	67,985	4,332	4,097	10,505	3,818	2,673	6,019
TABLE II - RENTAL SUBSIDY NEEDS OF LOWER INCOME HOUSEHOLDS								
		ELDERLY	SMALL FAMILY	LARGE FAMILY	TOTAL			
		H	I	J	K			
8	Very Low Income	4,666	9,253	1,401	15,320			
9	Percent	31 %	60 %	9 %	100%			
10	Other Lower Income	3,831	4,051	613	8,495			
11	ETR	3	71	2	75			
12	To be Displaced	26	78	21	125			
13	Total	8,526	13,453	2,037	24,016			
14	Percent	36 %	56 %	8 %	100%			
PART II - THREE YEAR GOAL								
TABLE I - UNITS TO BE ASSISTED								
		REHABILITATION OF SUBSTANDARD UNITS	NEW CONSTRUCTION	CONVERSION TO STANDARD UNITS	HOME IMPROVEMENTS			
		L	M	N	O			
15	Owner	715	40	0	1787			
16	Renter	983	810	0	664			
(UNITS EXPECTED TO ASSIST LOWER INCOME HOUSEHOLDS)								
17	Owner	630	40	0	1787			
18	Renter	908	780	0	664			
TABLE II - LOWER INCOME HOUSEHOLDS TO RECEIVE RENTAL SUBSIDIES								
		ELDERLY	SMALL FAMILY	LARGE FAMILY	TOTAL			
		P	Q	R	S			
19	Households to be Assisted	763	1192	175	2130			
20	Percent	36 %	56 %	8 %	100%			
TABLE III - GOALS FOR HUD RESOURCES: SUBJECT TO LOCAL REVIEW AND COMMENT								
		ELDERLY	SMALL FAMILY	LARGE FAMILY	TOTAL			
		T	U	V	W			
21	Households to be Assisted	763	1192	175	2130			
HOUSING TYPE PREFERENCE (Maximum Number of Units that will be Accepted)								
22		NEW	REHAB	EXISTING				
		810	1500	2000				
23	<input checked="" type="checkbox"/> Check this box if the applicant wishes to review State Housing Agency proposals within its jurisdiction.							
PART III - GENERAL LOCATIONS								
24	Attach map identifying the general locations of proposed assisted housing.							

HUD-7091.1 (10)

SHORTFALL OF AFFORDABLE RENTAL UNITS FOR LOW INCOME¹ HOUSEHOLDS IN 1980*

¹0-50% of median income for renter households

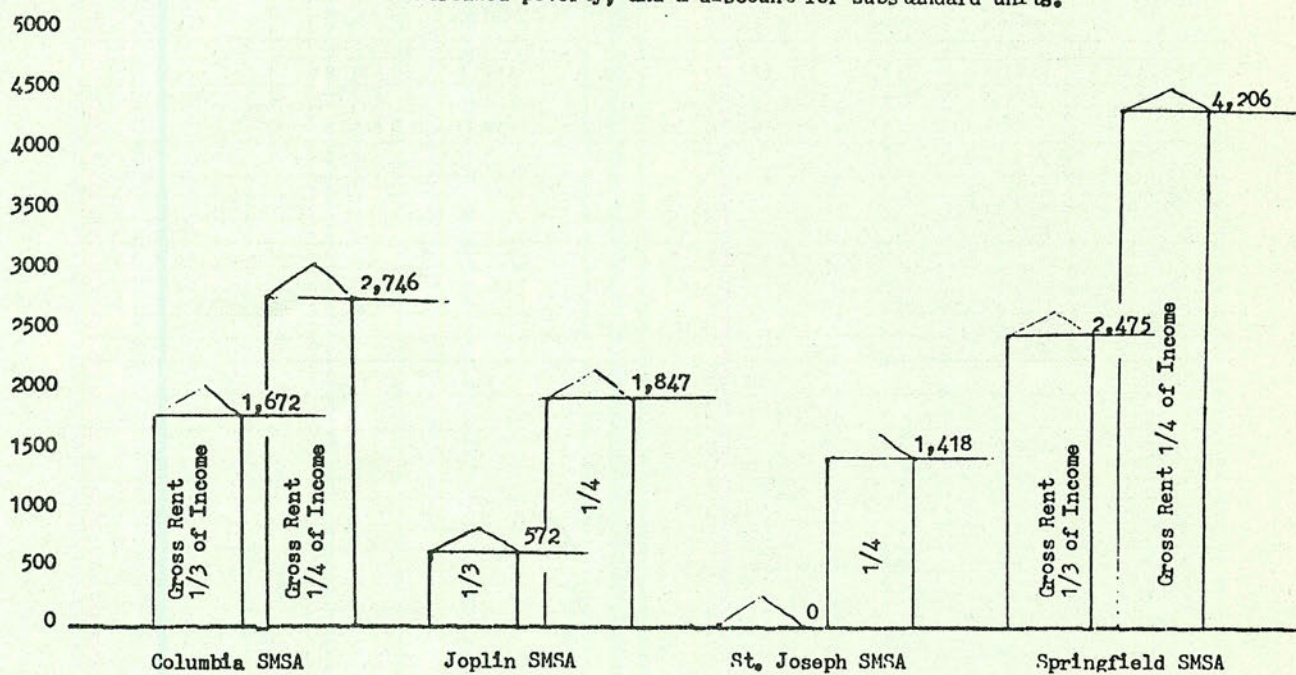


Source: U.S. Census of Population and Housing

SHORTFALL OF AFFORDABLE RENTAL UNITS FOR LOW INCOME¹ HOUSEHOLDS IN 1980*

¹0-50% of median income for renter households

*Current shortfall is likely to be 50-100% greater based on rising housing costs, loss of low cost units, increased poverty, and a discount for substandard units.



Source: U.S. Census of Population and Housing.

Taken from "Housing Development Trust Funds In New Jersey" by Rick Cohen.

Prepared for The New Jersey Department of Community Affairs, The National Center for Policy Alternatives, The Fund for New Jersey. June 1986

STATE HOUSING DEVELOPMENT TRUST FUND EXPERIENCE

Facing federal budget cuts, state governments are developing a variety of innovative responses to the problem of generating affordable housing. Several have actually explored, and a few implemented, housing development trust funds. New Jersey, however, is a leader in the trust fund concept. Its Housing Demonstration Fund, sponsored by the Department of Community Affairs (DCA), and the Neighborhood Preservation Balanced Housing Program, created by the Fair Housing Act of 1985, utilizing a progressive increase in the state's real estate transfer fees, represent programs which constitute types of housing development trust funds.

The only state which appears to have created a housing trust fund through the permanent dedication of housing-related revenues outside of the annual legislative appropriation process is Florida. Maryland has a voluntary trust fund based on interest on real estate escrow accounts. Maine utilizes real estate transfer taxes to subsidize mortgage interest rates for first-time home purchasers; Kentucky utilizes surplus cash flows from past bond issues to subsidize homeownership; and California uses oil revenues for housing programs. However, most states contacted in the course of this study appear reluctant about permanently dedicating revenue to affordable housing trust funds.

The concerns of some state legislators and administrators emphasize the problems of permanent dedication of revenues, a concept which appears to restrict governmental flexibility needed in resource allocation among competing public needs. Direct appropriations for affordable housing appear to be the preferred funding vehicles in some states.

Another concern is a consumerist argument regarding who pays for the "tax" that capitalizes a housing development trust fund. Most advocates of housing trust funds have suggested that mechanisms for preventing pass-alongs must be incorporated into housing development trust fund legislation.

In New Jersey and in other states, Mount Laurel and similar state constitution caselaw has induced municipalities to establish their own local affordable housing programs, exacting from market rate or downtown developers payments to housing trust funds. Municipalities frequently enhance those resources with UDAG paybacks and local fees. State officials caution against creating state level trust funds which compete with and detract from local programs.

The advice received from state agencies throughout the United States boils down to these basic principles for the design of housing development trust funds:

1. State housing trust fund resources must be considered supplements, not substitutes for deep federal housing subsidies.
2. State housing development trust funds should link up with and complement municipal efforts to finance and provide affordable housing.
3. There should be a defensible, rational "nexus" between the source of housing development trust fund revenues and the housing problems a trust fund is created to address.
4. Given practical limitations on the amounts of resources likely to be raised, state trust funds should concentrate on targeting low - and moderate-income (household incomes at 80% or less of the area median) housing development.
5. The permanent dedication of revenues for a housing development trust fund should not deter or replace other state-sponsored, legislatively appropriated housing development programs.
6. Trust funds should be designed to maximize administrative practicality and simplicity.

Excellent examples of programs which reflect elements of these trust fund design guidelines include Florida's Documentary Stamp Tax Housing Trust Fund and Affordable Homeownership Development Program. The two New York programs, for example, build on the programs of municipalities and the housing development capacities of community-based nonprofit corporations.

HOMELESSNESS IN COLUMBIA

Report of the Task Force on the Homeless

May, 1986

Prepared by the
Office of Community Services
City of Columbia

HOMELESSNESS IN COLUMBIA

Every community is subject to a set of circumstances which, in addition to national and state trends, contribute to the homeless population within its boundaries. Columbia is no different, and may in fact, have more diversity than most any other community of comparable size.

Columbia is located directly on I-70, halfway between two metropolitan communities, St. Louis and Kansas City, both with substantial homeless populations. Even recognizing the fact that only a minority of the homeless population is transient, geographic accessibility to Columbia must be recognized as a contributor to the homeless population.

Columbia is home to five major medical facilities. These institutions contribute immeasurably to the local economy and quality of life in the community. People come to Columbia from throughout Mid-Missouri to access these facilities. Not all have the means to provide shelter for themselves and their limited funds may run out. They may become homeless.

One emergency shelter, Koinonia House, shelters primarily women and children who are visiting relatives in hospitals. The Veterans Administration Hospital serves several veterans per month on an outpatient basis for whom no local address is provided.

Columbia is located within a 30-mile radius of six state correctional facilities. According to the Boone County Probation and Parole office, the current probation and parole population of Boone County is 1600 persons. Parolees often have a difficult time entering the labor market. Parolees may be remanded on medical parole to a Columbia medical facility, and then discharged into the community without sufficient support systems or resources. These, and other circumstances, often induce homelessness.

Columbia is also the home of a state supported mental health facility and is 30 miles west of a major state mental health institution. These facilities operate at 100% in-patient capacity. According to the Superintendent of the Fulton State Hospital, if on a Friday evening one emergency bedspace is not available for weekend use, an administrative order discharges a voluntary admission into the community. This person may or may not have adequate resources to provide for themselves.

In addition, it has been estimated by mental health experts that approximately 1700 chronic mentally ill persons are living in Boone County who choose not to access outpatient services or are not capable of following through on receiving services. Many of these persons have the potential to become homeless if their behavior and independent management skills weaken, or existing support systems fail.

People move to Boone County and Columbia for a variety of reasons, but chief among them may be the perception of full-time employment. Historically, unemployment in Boone County is very low, hovering between 3 and 5%. However, the labor market is heavily influenced by government/university employment with 20% of its positions part-time, and, retail/service employment with an even greater percentage of part-time, non-benefit opportunities. In addition, an employers market serves to depress wages. Per capita income for the county in 1983 (the last year for which county data has been computed) was \$10,292 while per capita income for the state was \$11,029.

After people move to Boone County, it may be some time before they can secure stable, full-time employment sufficient to meet family needs. If they have low market skills, it will be even longer. Many of these persons may end up living with extended family or friends, subleasing public housing, or living in substandard housing. Some may become homeless.

Lastly, Boone County has an impoverished class. According to revised 1980 census data, 11,186 persons in the county, or 12.67% of the population, live at or below the poverty level. If allowance for the college student population who reside in the community is made, then 9749 persons, or 9.7% of the population live at or below the poverty level.

According to statistics from the Division of Family Services and the Social Security Administration, 6874 poor persons in Boone County are receiving some form of federal or state cash assistance, i.e., Supplemental Security Income, Aid to Families with Dependent Children, General Relief, Blind Pension, etc, and/or food stamps, leaving 2875 poor persons receiving no social welfare benefits. Many of these persons are living on the margin. Even with social welfare benefits, budgeting can be exceedingly tight, and often a choice must be made between making a utility payment or rent. Some of these persons or families will end up homeless.

Based on the poverty population, Boone County has been declared eligible to receive federal funds under the Emergency Food & Shelter National Board Program. Grants requiring no local match have been awarded to Salvation Army, Voluntary Action Center and the Food Bank. The 1985 allocation was \$23,718 and to date a total of \$31,941 has been allocated to Boone County for 1986.



(FOUNDED 1865)

The Salvation Army

The Hope Center



WILLIAM BOOTH
FOUNDER
EVA BURROWS
GENERAL
COMMISSIONER ROBERT RIGHTMIRE
TERRITORIAL COMMANDER
LT.-COLONEL M. LEE HICKAM
DIVISIONAL COMMANDER

SUSAN S. STEPLETON, ACSW
ADMINISTRATOR

3740 MARINE AVENUE, ST. LOUIS, MO 63118

314/773-0980

HOMELESSNESS: DAY CARE / SCHOOLING

April 23, 1987

Hope Center is a program for the treatment and prevention of child abuse and neglect. The primary prevention effort is the provision of day care to low income and single parent families.

ONE-THIRD TO ONE-HALF OF THE HOMELESS ARE CHILDREN. The impact of this situation is only beginning to be realized.

- the MASW report on Homelessness notes "...the lack of security and stability for normal childhood development..."
- the Child Welfare League of America has identified as one of its ten legislative priorities the housing of homeless children.
- a Harvard Medical School study notes "...47% of all homeless preschool children were affected by delays in their motor, social, language, or personal development. More than half of homeless schoolaged children interviewed were found to be clinically depressed..."
- a New Jersey report sites homelessness as the primary reason children are removed from home and placed in foster care.
- the Children's Defense Fund Budget for FY88 notes the threat which homelessness poses to a child's normal education and development. Day care, Head-start, or school are routinely disrupted or ended.

Two factors are clear about homeless children :

1. the single most important factor for a child's normal development - consistency and stability - are missing. The developmental problems which can result on a serious and long-term basis, include emotional, behavioral, social.

page 2.

2. parents who are giving all of their energy to finding food and shelter cannot deal with school and day care maintenance for their children (talking with teachers, monitoring progress, helping with homework). Few shelters have adequate space, privacy, and staff to help intensely with homework, school, child care.

At Hope Center we observe the following:

- a three year-old who lives with her mother and infant brother, an aunt and her three preschool age children, and both grandparents, in a two-bedroom house. The child has numerous behavior and emotional problems. Time spent with the mother always focuses on her stress and pressure, lack of privacy, role conflict. As a coping strategy she takes her two children and spends hours at shopping centers where they can be "alone" and yet safe.
- two children who were living with their parents in the home of another family. they removed the children from day care thinking they had found a place of their own in another part of the city. They were back two weeks later because the plan had fallen through. Now they are living in a different house with two other families and are still looking for their own home. Again the lack of stability has resulted in serious behavioral and developmental problems in the children.
- many children in the day care program live with their single mothers and their grandparents because the mothers cannot afford their own housing. While this can be a very good support system, it often is a "last resource" measure in which no one is happy and everyone is under a great deal of pressure. For the children it results in constant confusion and chaos.
- many children in the day care program move frequently between temporary housing situations with relatives and friends. The children lack of sense of where "home" is. Often we are unable to locate the parents in time of emergency.

These factors are of special concern in this context because

- they often are the same "social history" characteristics of the children we see in the treatment program after they have been removed from their parents because of abuse and neglect. They are seriously AT RISK children.
- the children we see in day care are actually the most successful of the population about whom we are speaking. The chaos and confusion faced by the children who fall totally out of day care and school is many times greater.

The dilemma is that if we cannot provide stability for the child victims of homelessness the human costs are beyond calculation and the dollar costs are staggering. The results can be child abuse, which requires costly

page 3.

intervention, serious developmental problems which require on-going special education and may never be remediable, emotional/social problems which may lead to cycles of poverty and homelessness.

THE NEEDS

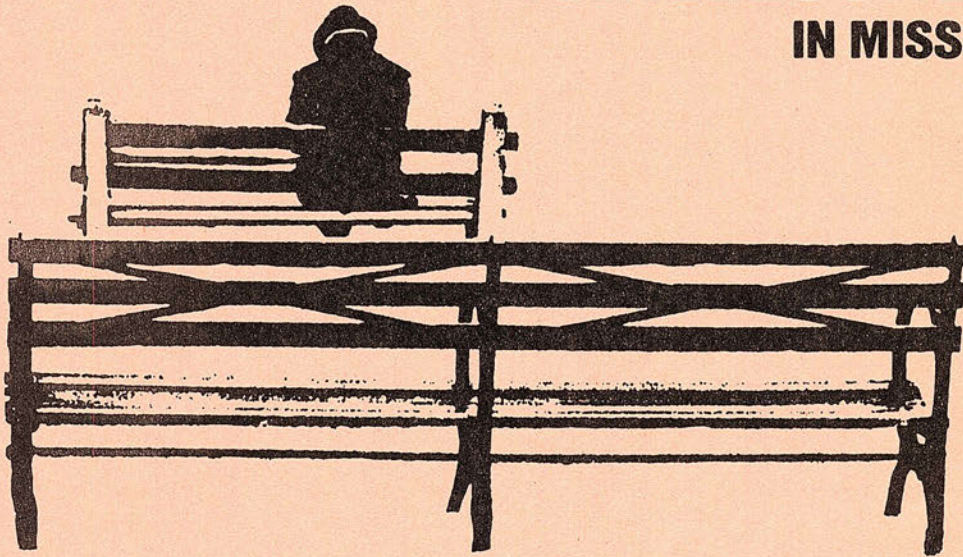
- public schools must be active in any coalitions addressing homelessness to facilitate practicalities of rapid enrollment, transportation, extra assistance and also to help overcome stigmas attached in the school setting to children and young people under enormous stress due to homelessness.
- day care must be consistently available to low income families in geographical areas where they exist. It must be funded at a level such that the special services needed by homeless or inadequately housed families can be addressed by the only consistent entity in the child's life.

Day care centers in Missouri currently receive \$7-8 per day. Our costs are \$14 per day, covering only basic services. With a higher pay rate we could extend services to more homeless families and meet the needs discussed above at the point when it is most cost effective to do so.

- crisis nursery care - available in St. Louis since last July - should be widely publicized as a temporary safe haven for children whose families are in an immediate housing crisis. Funding should be available to subsidize their care.

**A REPORT
TO THE SPEAKER
MISSOURI HOUSE OF REPRESENTATIVES**

HOMELESSNESS IN MISSOURI



**by the
SOCIAL SERVICES AND MEDICAID
INTERIM COMMITTEE ON THE HOMELESS
REP. RUSSELL GOWARD, Chairman**

Recommendations

Housing -- There is a great need for permanent and temporary low-income housing and housing assistance across the state for the homeless. This need is especially critical for single persons. The state should provide a subsidy to persons interested in developing single-room-occupancy housing for the homeless. Such subsidies, subject to appropriations limits, would be used to match money raised by developers and political subdivisions. Such subsidies should be used only for projects which would qualify for federal low-income housing assistance programs to ensure that such projects comply with pertinent safety codes. The committee also supports the continuance of current programs of the Missouri Housing Development Corporation designed to provide housing for homeless persons.

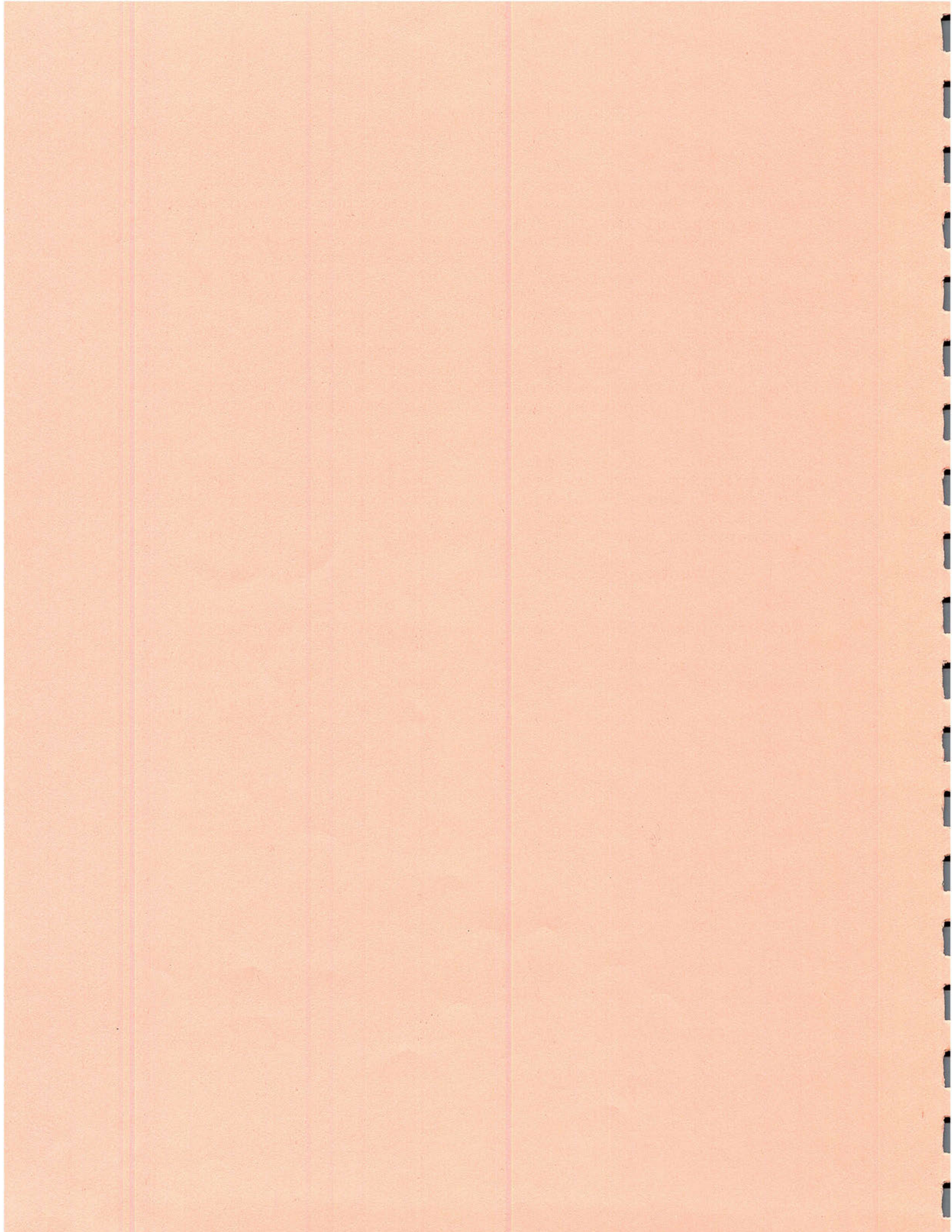
Health and Mental Health Care -- The state should subsidize the cost of health care provided to the homeless on a matching funds basis with political subdivisions. Current efforts of the Department of Mental Health to provide care to the homeless through programs such as the Shamrock Club should be expanded. Counseling services to address the emotional stresses of homelessness should be incorporated into such programs.

Legal Services -- Because of reductions in federal support for the federal Legal Services program, which provides legal assistance to low-income persons, the state should respond to the need for adequate legal representation. Private law firms should be allowed and encouraged to contract with the state, within limits of appropriations, to provide legal services for the homeless.

Networking -- The committee strongly recommends that local governments and private service providers cooperate to establish a centralized source of information regarding services available for the homeless in a particular area. This will allow for better coordination of services, improve estimates of service needs, and may help prevent homelessness by informing people of programs which might otherwise go unnoticed. Each pertinent state agency should cooperate with such networking efforts to ensure that information is comprehensive.

The committee supports the development of such centralized programs. A proposal in St. Louis city to convert the former City Hospital into a homeless shelter and service center is an example of a good local response to the need to centralize and coordinate services.

Publicity -- As noted earlier in the report, publicity regarding the homeless is essential. Fear of and ignorance about the homeless can only harm governmental ability to respond to the problem. Public understanding of homelessness will generate increased community support for the programs that will help alleviate this social ill. All advocates for the homeless should, to the greatest extent practicable, coordinate publicity efforts to maximize results. The public should know that homelessness is not just a affliction of alcoholic, deranged bums.



WHAT IS IT LIKE BEING HOMELESS?

"Do you really want to know what being homeless is like? It's living hell. People treat you like a dog, acutally some people treat their dog better. Funny I should mention dogs, I recently found myself in competition with a dog for dinner. I fought a dog at a local McDonald's dumpster for a hamburger they threw away after closing. It was a tough fight, but I won. All I want is to be treated like a man, a human being, and given a chance." (Homeless man, 33 years of age)

"Many people think homeless people are mental cases, winos and bums who don't know what they are talking about." In tears he proceeded to say "...last year I lost my number one partner. I left him sick and asleep in a large trash container in an alley while I scrounged up something to eat. When I got back a trash truck had backed up and unloaded the container with my friend in it. I ran screaming and tried to stop them from crushing him. They wouldn't listen to me. They thought I was just another drunken bum trying to get my bottle out of the dumpster. They crushed him, they crushed him to death." (One who had been homeless for 8 years.)¹

WHO ARE THE HOMELESS?

**The age of the general homeless population is an average of 28.7 years.

~~**Nearly two-thirds of the homeless people are racial minorities.~~

**Most (77.3%) homeless people are of a low socioeconomic class background.

**Almost all (95.6%) of the homeless are of a single, separated, or divorced marital status.

**About one-third of the homeless have dependent children with them.

**Homeless people have experienced extremely high levels of life crises, 3.3 times greater than the normal population, in the year before they first became homeless.

**"Transients" comprise a small minority (13.7%) of the homeless.

**About one-half have been homeless more than one time during their life.

**About one-third (35.6%) slept on the streets at least part of the time as well as in shelters. Homeless men and women differed here, too, with men spending a greater percentage of time sleeping on the streets.²

THE TIME HAS COME FOR OUR ELECTED OFFICIALS TO COURAGEOUSLY AND COMPASSIONATELY RESPOND TO THE NEEDS OF THE HOMELESS

¹ Homelessness in Missouri by the Socials Services and Medicaid Interim Committee on the Homeless, Jan. 1986. Information on receiving copies of the report is available from the Office of the Speaker of the Missouri House of Representatives.

² Homeless People, A Mental Health Program Evaluation, p. ES-1, and ES-2. For more information on obtaining copies of the complete report, call (314)751-3944.

STUDY OF HOMELESS CHILDREN AND FAMILIES

PRELIMINARY FINDINGS

Conducted by:

Penelope L. Maza, PhD
Director of Research
Child Welfare League of America

and

Judy A. Hall, PhD, ACSW
Executive Director
Travelers Aid International

STUDY OF HOMELESS CHILDREN AND FAMILIES

PRELIMINARY FINDINGS

Travelers Aid International and The Child Welfare League of America conducted a joint study to gather information about homeless families and their children and the children of homeless adults. This study is part of a larger research effort on the issue of homeless families.

Travelers Aid International represents a group of 50 Travelers Aid agencies which serve approximately 150,000 people annually. Recently the Travelers Aid agencies began reporting a change in the basic population served. Families and their children have become a greater percentage of their client population. The Child Welfare League which represents 450 child-serving agencies has made homeless children and families a priority in its activities.

The study is unique because the population examined was people not necessarily living in shelters. Shelter space for families is limited and, when available, families frequently have to be separated. Studies based totally on shelter populations miss a significant segment of the homeless families population.

The data was collected by staff of Traveler's Aid agencies in eight cities:

- o Washington, D.C.
- o Tampa, Florida
- o Detroit, Michigan
- o Milwaukee, Wisconsin
- o Salt Lake City, Utah
- o San Francisco, California
- o Los Angeles, California
- o Houston, Texas

Data was collected on the first 50 single adults who came to each Traveler's Aid agency and the first 50 families (adults accompanied by minor children) who came to each agency from mid-October through mid-December, 1986. (Data was not collected on runaway and homeless youth unless they had their own children with them.)

Data was collected on 404 adult persons traveling without children and 163 families.

WHO ARE THE HOMELESS CHILDREN?

(331 children were with the 163 families)

- o Their average age was 6 years old
- o Of those old enough to attend school, 43% were not currently attending
- o 10% were in need of health care
- o 10% were suspected of being abused and/or neglected or both (this may be 3 times the rate in the general population)

ARE OTHER CHILDREN AFFECTED BY HOMELESSNESS?

- o The families had 73 minor children elsewhere
 - 53% with former spouse
 - 11% with current spouse
 - 3% in foster care (3 times the rate in the general population)
 - 23% with relatives
 - 10% with friends
- o The adults who were alone had 103 children elsewhere
 - 41% with former spouses
 - 25% with current spouses
 - 6% in foster care (6 times the rate in the general population)
 - 26% with relatives
- o In this study, for every 10 homeless adults 8 children were affected.

WHERE DID THE CHILDREN SPEND THE PREVIOUS NIGHT?

- o One in five (21%) spent the previous night outside, in a bus or train station or in a vehicle
- o One in four (25%) spent the previous night in an emergency shelter
- o 27% spend the previous night with friends or relatives
- o 16% had spent the previous night in their own homes
- o 11% had spent the previous night in a hotel, motel or rooming house

WHO ARE THEIR PARENTS?

- o 56% of the families had only 1 parent (although the spouse may be elsewhere, i.e. not necessarily a single parent household)
- o On the average, the female parents were 29 years old and the male parents were 34 years old
- o 63% of the female parents and 41% of the male parents had been unemployed more than 3 months

WHY DID THEY LEAVE THEIR LAST PERMANENT ADDRESS?

- 44% lost their job(s)
- 15% could not pay the rent
- 15% resulted from a family crisis (HALF OF THESE WERE SPOUSE ABUSE)
- 12% were evicted

WHY ARE THEY GOING WHERE THEY ARE GOING?

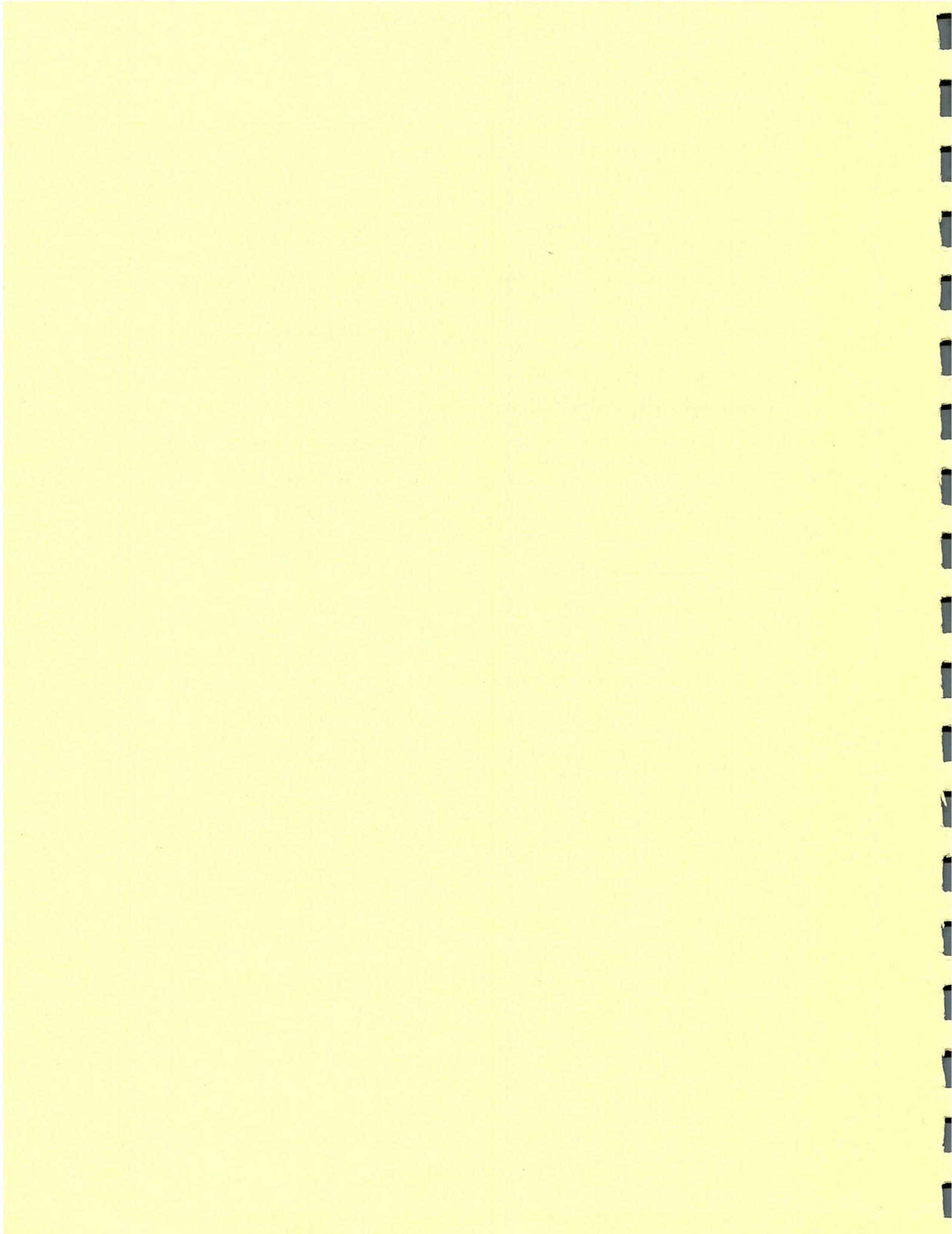
- 45% to find jobs
- 11% for housing
- 42% family or friends are there

WHAT ROLE DO FAMILY AND FRIENDS PLAY FOR HOMELESS FAMILIES?

- o 57% had lived with or were living with family and friends
- o More than three-fourths (77%) of the families who had been homeless more than 3 months had lived with family and/or friends
- o 42% of those who had lived with family or friends left because they were asked to leave by other residents or the landlord, or the housing was inadequate.

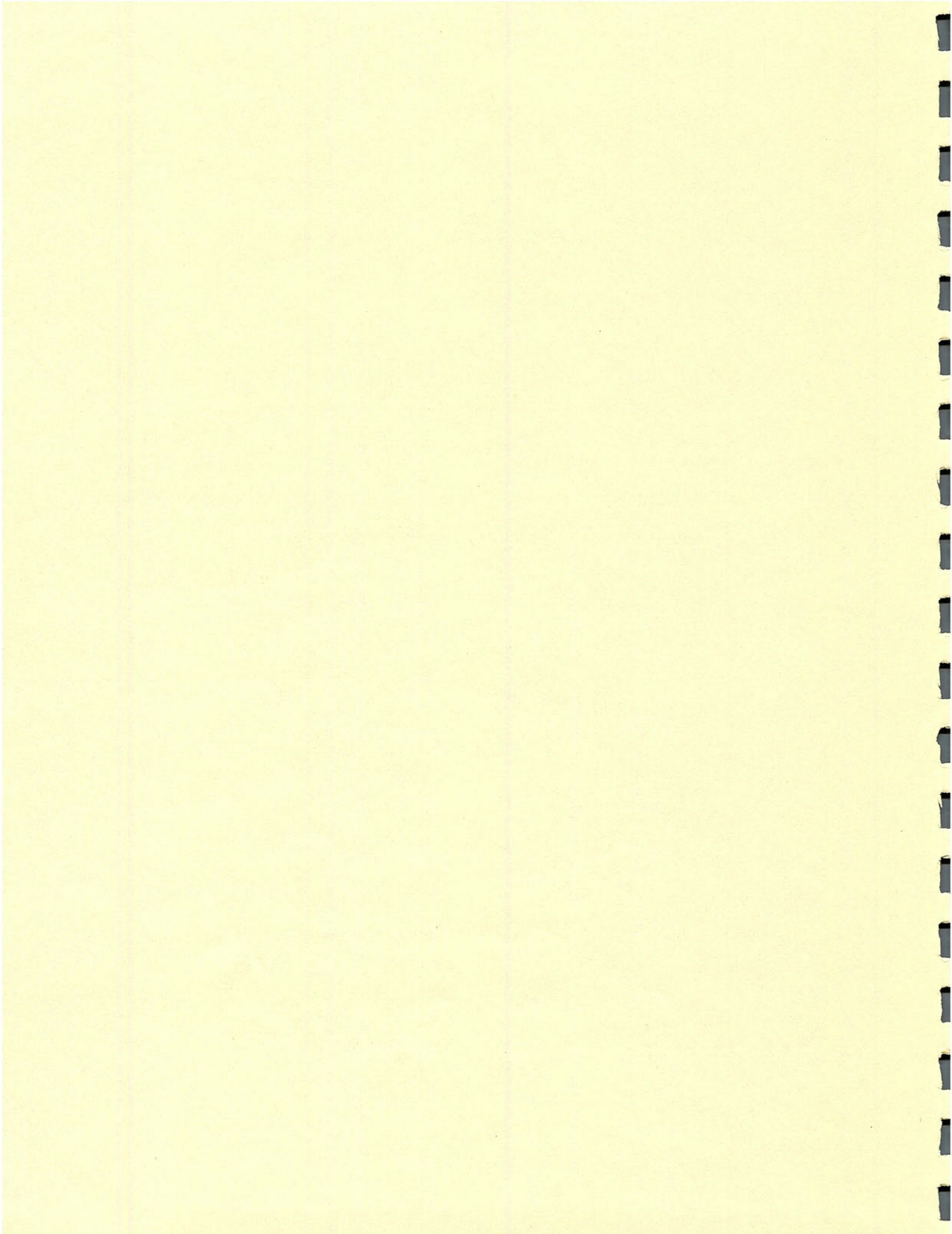
IS HOMELESSNESS A NATIONAL OR LOCAL PROBLEM?

- o 80% of the families came from outside the local area of the Traveler's Aid agency
- o The families came from 30 different states and were traveling to 21 different states



SYNOPSIS AND SAMPLINGS OF WHAT OTHER STATES ARE DOING

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"Life in Transit," A report to the Governor's Human Services Cabinet, Prepared by the Task Force on the Homeless, March 1986	159



BRIEF SURVEY OF MIDWESTERN STATES' HOMELESS PROGRAMS

- *Michigan: *Human Services Cabinet Task Force to coordinate delivery of services to homeless people
- *Grant Program for mental health care drop-in centers
- *Minnesota: *A public/private task force on hunger and homelessness to coordinate state and private activities
- *State funding for transitional housing program
- *Illinois: *Specific programs for homeless youth; use of federal money under the Juvenile Justice and Delinquency Prevention Act
- *Tennessee: *State funding to place counselors in the shelters. One or more counselors to provide mental health services, assistance in receiving welfare benefits, housing assistance, etc.
- *State funding for day treatment centers for mentally ill to be located where homeless people congregate
- *State funded programs for chronic public inebriates
- *Placement of mental health outreach workers in places where homeless people congregate
- *Day care for homeless children
- *Interagency homeless opportunity, motivation, employment pilot project to help homeless people get homes and jobs.

Of course the best idea of all is high levels of state funding. Most of these states are providing or considering annual funding well in excess of \$1 million:

Michigan: \$1.3 million

Minnesota: \$250,000 at least

Illinois: Several million--\$800,000 on homeless youth alone

Tennessee: Several million proposed--the state just finished two major studies and will decide which proposals to fund

Obviously, other states like New York, Massachusetts and California are spending much more. This sample was restricted to midwestern states.

CABINET COUNCIL ON SOCIAL SERVICES

PLAN FOR THE HOMELESS
IN TENNESSEE

December 15, 1986

STATEMENT OF THE PROBLEM

Homelessness in America is an increasing national problem. Between 1980 and 1984, the number of shelters increased 66% (U. S. General Accounting Office, 1985). Estimates of the numbers of homeless in this country range from as few as 250,000 (U. S. H.U.D., 1983) to as many as 1.5 million (Hombs and Snyder, 1982), with annual increases in homelessness ranging from 10% to 28% (U.S. G.A.O., 1985). Several studies have been done in Tennessee to assess the number of homeless. In Knoxville, findings suggest that approximately 1,000 persons experienced homelessness at sometime during the month of February, 1986. In Memphis, actual counts done in July 1985 combined with other available data place the number of homeless in the 600 to 2,000 range. In Nashville, results from enumerations of the downtown homeless population conducted by Vanderbilt found 657 persons in June, 1986. The Community Services Society/Institute for Social Welfare Research, a national advocacy group for the homeless in New York City, estimates that one percent of the nation's population may become homeless at some time during the year. Clearly, this is a significant problem which requires immediate attention at the local, state, and national levels.

A working definition of the homeless is:

" . . . those who lack a permanent residence (a place of one's own where one can both sleep and receive mail) because of inadequate resources, inadequate access to resources, inadequate management of resources, or because they are unable or unwilling to accept a traditional residential setting for other reasons."

The homeless can be grouped into three general categories: long term, episodic, and transitional. The "long term" homeless are those who have been homeless for more than twelve months. This group includes the traditional homeless who may have a lifestyle of moving from shelter to shelter or living in abandoned buildings or on the street. The "episodic" homeless are those who have been homeless for less than twelve months, but have experienced at least one prior episode of homelessness. They may include victims of domestic violence or runaway youth who repeatedly leave their residences, as well as those who have a pattern of repeatedly entering shelters at the end of the month when their limited financial resources are depleted. The "transitional" homeless have been homeless for less than twelve months and have no prior history of homelessness.

This includes those who have been evicted and are in a shelter for the first time, and those who find themselves homeless when they are forced to leave their residences because of lack of heat during the winter.

Many misconceptions exist about the homeless. The traditional stereotype of a homeless person is that of a free-spirited wanderer who chooses an independent lifestyle: a male, unmarried, middle-aged alcoholic. The stereotype tends to be supported by the media which sometimes highlight individuals who appear to have chosen to be homeless. However, this type of individual does not represent a "typical" homeless person. During the last ten to fifteen years the characteristics of the homeless have been changing. Of particular importance, research indicates that the population of homeless is now younger, has greater numbers of women (and their children) than ever before, and contains significant numbers of persons with mental health problems.

Baxter and Hopper (1981) cite three major social and economic developments leading to homelessness today. First, inflation and unemployment coupled with reductions in funding of social programs and the decreasing availability of income support programs, have resulted in greater numbers of people falling outside the "safety net" and onto the streets. In the Knoxville study, 35% reported they were homeless because of loss of job. Individuals who are without a source of income, who are unable to find a job, and who lack social supports to fall back on in times of stress, may find themselves out on the street when they are unable to pay their rent.

Compounding these problems, gentrification of inner cities has displaced thousands of individuals, with no provisions for replacement housing. This has resulted in severe reductions in the number of single room occupancy hotels (SRO's), the traditional residences of the poor. Without the availability of stable residences, many marginal persons (often with mental and/or health problems) are no longer able to remain invisible to the public and social institutions. Although these problematic individuals may have always inhabited our urban areas, now they have come to the public's attention and demand a public response.

Decreased funding for human services, including community mental health and welfare, has meant that many marginal persons, including the mentally ill, have had fewer program and economic supports to maintain themselves independently in the community. Finally, federal policies reducing the roles of disability programs like SSI and SSDI have caused large numbers of handicapped persons, especially the mentally ill to give up stable residences they can no longer afford and ultimately to "hit the street."

Clearly, the homeless are a multi-problem group. While there are some universal problems (such as the lack of immediate housing), it is clear that this is a very heterogeneous population. As a group, they suffer from significant health problems, which are compounded by limited access to adequate and/or affordable health care (Solarz and Mowbray, 1985a; Solarz and Mowbray, 1985b). Many have significant histories of psychiatric problems or may be experiencing current psychological distress due to the situational crisis of homelessness. Both mental and physical health problems may be exacerbated by alcohol and/or drug dependencies. In Knoxville 45% were alcoholics or had problems with alcohol and 5% had problems with drugs. In addition, many become victims of personal or property crimes. In Knoxville, 39% had been victims of crime.

Along with these problems, many lack the available social supports or resources which might have prevented their becoming homeless. Some may be alienated from their families because of their history of institutionalization in the mental health or penal systems (or in some cases both systems). For others, friends and family also have severely limited resources at their disposal and are simply unable to take in one more person.

While many of the homeless repeatedly express their desire to work, they almost universally lack the necessary education and job skills to secure employment in an already harsh economic climate. In the Knoxville study, 46% had not received a high school degree, and the great majority reported that they were usually employed in unskilled blue collar jobs when they were working. Even without these problems, the lack of affordable and decent housing in many of our urban centers may make it nearly impossible to maintain oneself at the poverty level income provided through the welfare system.

Some of the needs of the homeless may be met by traditional service delivery systems. However, there are several factors which contribute to the ineffective delivery of services to this group. Many of the homeless are unaware of services to which they are entitled, including income supports, medical care, and food and housing. Because they often live outside of the "mainstream," extra outreach efforts may be needed to inform this group of available services. In order to be effective, outreach programs must be staffed by individuals who are knowledgeable about homelessness, and who are willing to approach people on the street.

It is sometimes said that the homeless simply don't want services; that adequate services are available but are not being pursued. One reason for this apparent rejection of services is a simple lack of awareness, as noted above. Also, some of the homeless do not avail themselves of services simply because they cannot obtain transportation to agency sites, and they are unaware of any available outreach programs. In addition, the snare of red tape often encountered in the application for services serves as a sufficient deterrent for many. For others, the demands placed on them in order to receive services are perceived to be too extreme (e.g. participation in religious services, disclosure of personal information, surrender of belongings, compliance with strict curfews and rules about eating, drinking, smoking, etc.). Thus, less demanding alternatives may need to be considered to maximize the use of services by some of the homeless.

Finally, some traditional services simply may not work with this group as a whole. For example, traditional psychotherapy is probably a less appropriate immediate response to dealing with the problems of homeless mentally ill persons than is the case management to ensure the provision of food, shelter, and income supports. This and other multi-disciplinary approaches involving relevant agencies or service providers may be more effective in providing services to this multi-problem group than is the traditional fragmented method of providing separate services.

Careful consideration must be taken of what types of services are needed by the homeless, and of how those services may be provided in a way that is acceptable and accessible to this group. While short-range solutions such as the provision of food and shelter on an emergency basis may temporarily relieve individual cases of homelessness, long range approaches are mandatory if the problem is to be controlled on a larger level.

The Cabinet Council on Social Services has developed an interdepartmental plan to begin to better address the problems of homelessness in Tennessee. The Cabinet Council recognizes the importance of a comprehensive, interdepartmental approach with the initiative involving local and government participation.

The plight of the homeless in Tennessee can be significantly altered if all the departments and agencies involved and affected by this growing problem will continue to work together in the planning, implementation and oversight of the following recommendations.

DEPARTMENT OF HUMAN SERVICES

Recommendations

Social Services Division

- o Establish Emergency Family Homes for Adults Program in the four largest counties possibly beginning with 30 spaces distributed on the basis of need.

Total Estimated Cost: \$141,800

Estimated cost per space per year \$4,707. Total annual cost for 30 spaces \$141,180.

- o Expand the vendor day care program in the four largest counties to provide services to homeless parents who are in job training, searching for employment, or who are employed. New spaces would be distributed on the basis of need.

Estimated cost is \$30 per week per child plus \$5 for transportation if it is provided.

Total Estimated Cost: In Current Budget

- o Examine policies and procedures on Protective Services for Children and Adults to determine if policy is sufficiently clear in regards to the homeless.
- o Revise the Catalog of Services for the Social Services Program to allow for the development of social services for the homeless through community contracts. Possible service additions include emergency foster family care for the homeless aged and case management services for the homeless.

Total Estimated Cost: In Current Budget

- o Expand Social Services by adding one counselor in each of the four largest counties and by outstationing this counselor in facilities serving the homeless to facilitate provision of the Department's Social Services to the homeless, especially Adult and Child Protective Services.

Estimated cost per counselor \$22,000 or \$88,000 for four counselors.

Total Estimated Cost: \$88,000

Family Assistance Division

- o Provide AFDC for families with unemployed parents (AFDC-UP) who are homeless. This would automatically cover all eligible unemployed parent families and not just the homeless.

Estimated cost ^{11.5} \$11.5 million of which 35% ^{4.025} (\$4.025 million) would be state funds.

Total Estimated Cost: \$400,000
(specifically homeless)

- o Add one Family Assistance counselor in each of the four largest counties and outstationing this counselor in facilities serving the homeless to facilitate the provision of AFDC, Food Stamps and Medicaid eligibility services to the homeless.

Estimated cost per counselor \$22,000 or \$88,000 for four counselors.

Total Estimated Cost: \$88,000

- o Explore the development of a special employment and training project in conjunction with Employment Security and JTPA program using Department of Education funds to provide training/education to enable homeless persons to become employable.

Total Estimated Cost: \$150,000
In Current Budget

- o Set up or enhance special units/procedures in regional and local offices for delivering Food Stamps, AFDC and Medicaid eligibility services to the homeless.

Total Estimated Cost: In Current Budget

Vocational Rehabilitation Division

- o Strengthen liaisons with mental health institutes and penal facilities to provide continuity of services upon discharge.
- o Utilize community rehabilitation facilities to provide vocational evaluations, personal adjustment services and vocational training for the homeless.
- o Increase accessibility by specific assignment of rehabilitation counselors to work with facilities for the homeless including outstationing staff where necessary.
- o Provide inservice training on providing services to the homeless.
- o Enhance follow-up services after clients are employed to insure success of rehabilitation efforts for the homeless.

Total Estimated Cost: No New Cost:
Department of Human Services ESTIMATED TOTAL: \$717,180

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

Recommendations

Treatment Services:

- o Emergency Services should be developed in the three urban areas where they do not exist. The Department's 4 Year Plan calls for services to be developed in FY 1988 in Nashville at a cost of \$50,000, in FY 1989 in Chattanooga at \$30,000 and in FY 1990 in Knoxville at \$40,000. (Memphis presently has these services.)

Total Estimated Cost: \$120,000

- o Provision should be made for indigent medication to assure that homeless mentally ill people in crisis can receive appropriate treatment, estimated to be about \$5,000 per area per year.

Total Estimated Cost: \$20,000

Psychosocial Rehabilitation

- o Day treatment programs that make very low demands on clients should be offered by CMHCs near areas where homeless persons congregate. Initially, the Department projects the need for two full time equivalents per program plus operating expenses in each of the four urban areas.

Total Estimated Cost: \$560,000

- o Develop chronic public inebriate programs in seven regions across the state with a total of 84 slots statewide (12 per region).

Total Estimated Cost: \$336,000

- o Explore the necessity of planning for the mentally retarded population who many find themselves homeless as a result of parental/guardian aging and death.

Residential Services:

- o Domiciliary care similar to that offered by the Veterans Administration should be developed. The Department's 4 Year Plan suggests that in FYs 1989 through 1991 up to 30 beds should become available for this purpose in each of the three grand regions at a cost of \$475,000 per region. Such services should provide room, board, and some supervision by mental health knowledgeable staff but active treatment is not a primary focus of such services. A percentage of beds

would serve the homeless mentally ill and homeless chronic alcoholic population.

Total Estimated Cost: \$142,500 (statewide)
47,500 for 3 regions

Note that the 4 Year Plan also calls for the variety of Residential/Supportive Living options detailed below to be developed to serve chronically and seriously mentally ill people, some of whom may be among the homeless population now.

- o long term Residential HUD Housing
18 units \$502,500 (\$50,250 specifically for
homeless)
- o long term Residential Homes, Non-HUD
30 beds \$540,000 (\$54,000 specifically for
homeless)
- o apartment programs
300 slots \$1,200,000 (\$120,000 specifically for
homeless)

Total Estimated Cost: \$224,250

Case Management:

- o Case management services are available now but some case workers should be located in the areas where homeless people congregate and they should be involved in aggressive outreach to help get mentally ill people who are typically reluctant to enter the established mental health system into appropriate services, such as the "low demand" day services described above. The Department's 4 Year Plan includes 30 additional case managers per year, some of whom would serve homeless mentally ill people.

Total Estimated Cost: \$60,000 (3 workers)

- o In addition, given a recognized need for a centralized location close to areas where homeless people congregate and where eligibility for entitlements and other services can occur, staff knowledgeable about mental illness should be presented for screening, referral, and to initiate contact with mental health service providers. Minimum two FTEs per urban area.

Total Estimated Cost: \$160,000 (8 workers)

Revision In the Mental Health Law:

- o The Department recommends that the law not be revised from its current standard of commitment which requires overt dangerousness to self or others or grave mental disability resulting in substantial likelihood of serious harm. Experience of other states indicates that more lenient laws have resulted in serious erosion of inpatient services for people who truly need them, inappropriate hospitalization of many people who do not require that level of care and arrested development of much needed alternative treatment settings.
- o The Department does recommend judicious use of grave mental disability resulting in substantial likelihood of serious harm as the reason for commitment. The law was amended in 1983 to recognize grave mental disability as a basis for emergency commitment. The Department should work with the courts to properly employ this provision in obtaining hospitalization for homeless mentally ill persons when it is necessary.
- o Convene a statewide conference for providers of services for the homeless and representatives from programs serving the homeless in order to share information on resource availability and access to services.
- o Establish coordinating committee in every major community to document local problems, implement collaborative solutions, carry out public education, and enlist community support in addressing the needs of the homeless.

DMHMR Total ESTIMATED COST: \$1,622,750

TENNESSEE DEPARTMENT OF EMPLOYMENT SECURITY

Recommendations

- o TDES will provide staff on a part-time basis stationed at centrally located facilities for homeless persons in the four major metropolitan areas of the state. These staff persons will be able to refer job ready individuals to a range of job openings located in each city. In addition, Job Service will provide Job Information Service (JIS) on a current basis to allow for job search.
- o TDES will organize Job Seeking Clubs for homeless persons interested in being involved in a support group. The clubs will focus on job-getting and job-keeping skills.
- o TDES will provide referral to other community/agency services whenever there is a need for these by homeless persons.
- o TDES will include services to homeless persons in the agency program planning proposal for the program year beginning July 1, 1987. These plans are approved by the Private Industry Councils in each Service Delivery Area (SDA) of the state.
- o Service to homeless persons in the rest of the state will be provided at any of the Employment Security offices that are open on a full-time or itinerant basis. Local Job Service office managers will coordinate the employment service with other community agencies or groups that assist homeless persons.

Employment Security Total ESTIMATED COST:
In Current Budget

TENNESSEE DEPARTMENT OF VETERAN'S AFFAIRS

Recommendations

- o The Department will assist any veteran, widow, widower or dependent who has entitlement to benefits and refer those who do not to the appropriate agencies that can provide assistance.

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT

Recommendations

- o Since all metropolitan areas have primary care services through the health department (except Chattanooga where Alton Park/Dodson Avenue Clinics provide comprehensive primary care services), the least costly first step for health services would be to provide transportation to the now available services. The Nashville Downtown Clinic presently has a van for this purpose. The cost is approximately \$17,000 per year to operate after the vehicle is purchased. Such transportation also serves to get the homeless to other services besides health. Transportation services are a critical component to the overall service delivery system.

Total Estimated Cost: \$ 168,000

- o The most complicated step in providing health services involves developing an indigent care plan which includes the homeless. This would involve:

- utilizing Medicaid where possible
- providing reimbursement for inpatient care
- providing a mechanism for ambulatory services

At this time there are no good estimates of what this would cost for all indigents or for just the homeless.

Department of Health and Environment Total
ESTIMATED COST: \$168,000

TENNESSEE DEPARTMENT OF LABOR
(JTPA)

Recommendations

- o JTPA recommends a centrally located assessment and placement center be established in cooperation with the Department of Employment Security so the homeless employment and job training needs can be better addressed and served.
- o JTPA recommends that funds be specifically earmarked for training for the homeless population.

TENNESSEE DEPARTMENT OF CORRECTION

Recommendations

- o Provide more job training and educational development of offenders while in the correctional system.

TENNESSEE DEPARTMENT OF EDUCATION

Recommendations

- o The State Department of Education, with adequate funding, could review current strategies for possible revision which would allow additional services for homeless youth.
- o Local school systems could serve to coordinate services and provide an appropriate education for students who are homeless.
- o Volunteer literacy programs are offered in 47 school systems as a component of Adult Basic Education. Plans are to expand these programs to all counties. These programs are available to the homeless.

TENNESSEE HOUSING DEVELOPMENT AGENCY

Recommendations

- o The Rental Rehabilitation and Congregate Home Programs can be targeted for the homeless. Both programs can be utilized to provide transitional type housing for persons who have been deinstitutionalized.

The Turnkey III program can be targeted for the homeless by moving successful persons in transitional housing to a Turnkey III type of setting. Through this program, community-based, non-profit sponsors made use of THDA funds for financing. Funds from Tennessee's Department of Mental Health and Mental Retardation provide house parents, equipment, furnishings and other services. This program was previously operated with Section 8 subsidies.

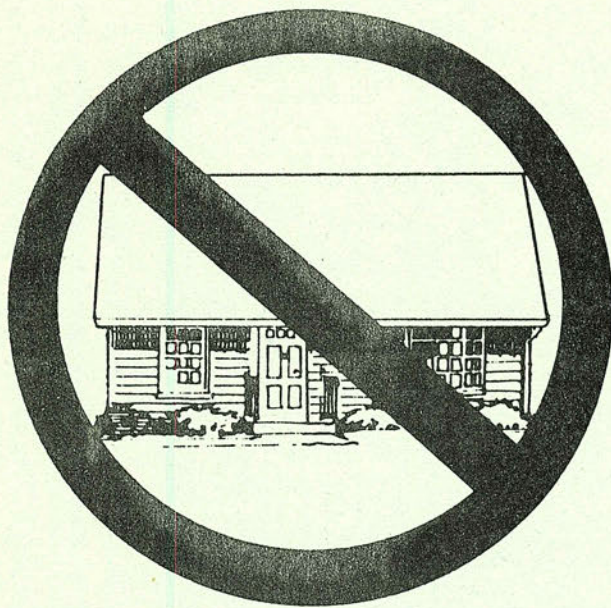
- o Additional Program Recommendations:

Tennessee may wish to utilize a method that has worked successfully in other states. Other states have appropriated money to be used as a grant for the purpose of providing housing for the homeless. Another concept is the development of a revolving no interest construction loan fund or a fund for providing the land or site improvements for these developments. A common method is to require 50% matching funds from the sponsor or developer. Other states have also used Community Development Block Grant Funds, Rental Rehabilitation funds and Appalachian Regional Commission funds as well as State appropriations to fund these projects. THDA may be able to provide the financing for emergency shelters if there is a guaranteed mortgage prepayment plan by local government or other entity.

- o Required Appropriation:

This cannot reasonably be ascertained at this time. It would be dependent upon whether the state was interested in providing grant funds or other appropriations and the type of housing that would be built. The state may wish to consider emergency shelters in the four metropolitan areas. Again, this would depend upon the number of units per shelter.

- - - - -
PLAN TOTAL COST: \$2,507,903



Life in Transit

Homelessness in Michigan

A Report to the Governor's Human Services Cabinet

Prepared by the Task Force on the Homeless

March, 1986

EXECUTIVE SUMMARY & REPORT

Section I

MICHIGAN HUMAN SERVICES TASK FORCE ON THE HOMELESS

EXECUTIVE SUMMARY & REPORT

Report prepared by:

Andrea Solarz, M.A.

Carol Mowbray, Ph.D.

Suzanne Dupuis, B.A.

Michigan Department of Mental Health

TASK FORCE ON THE HOMELESS

Members

C. Patrick Babcock, M.S.W., Department of Mental Health
Chairperson

Carol T. Mowbray, Ph.D., Department of Mental Health
Vice-Chairperson

Linda Dorn, M.A., Department of Education

Ron Gillum, Ph.D., Department of Education

Ted DeLeon, M.S.W., Department of Labor

Pamela Paul Shaheen, M.P.H., Department of Public Health

Ken Hargrove, M.S.W., M.P.A., Department of Social Services

Larry Max, B.A., Department of Social Services

Judith Labovitz, M.P.A., Department of Social Services

Department of Mental Health Staff Support

V. Sue Johnson, B.S., Coordinator

Claudia Combs, M.S.W., Research Analyst

Andrea Solarz, M.A., Research Associate

Susan K. Burns, M.S.W., Research Assistant

Suzanne Dupuis, B.A., Research Assistant

Vicki M. Smith, Administrative Support

Carol Davis, Administrative Support

Miriam Elias-Norris, Administrative Support

Jane Ballor, Administrative Support

REPORT AND RECOMMENDATIONS OF THE HUMAN SERVICES CABINET TASK FORCE ON THE HOMELESS

EXECUTIVE SUMMARY

Over the course of its biweekly meetings from June to November, 1985, the Human Services Cabinet Task Force on the Homeless reviewed numerous documents on homelessness from federal agencies, from other states, and from Michigan community agencies. The Task Force also received verbal and written testimony from more than a dozen providers of service to the homeless and conducted site visits to shelters and soup kitchens in Detroit and Grand Rapids. Based on this volume of information, the Task Force has reached the following conclusions about the problem of homelessness:

- *Homelessness is a serious and complex problem.*
- *Many commonly held beliefs about homelessness are erroneous.*
- *The homeless are a diverse group and differences must be recognized among transitional, episodic, and chronically homeless.*
- *Homelessness is an expanding problem, exacerbated by recent economic problems, current public policies, and changing social conditions.*
- *The extent and seriousness of homelessness will increase unless specific public policy initiatives, resource investments, and long-range planning are undertaken immediately to address the problem.*

The Task Force believes that there are solutions to the problem of homelessness that can and must be undertaken. Existing resources have not been fully accessed or utilized on behalf of homeless persons partly due to lack of knowledge and partly due to biases and misconceptions on the part of generic and homeless service providers. Interagency coordination is greatly needed. Public education and support are also critical to solving problems of the homeless at local levels.

However, there are also significant life, health, and safety issues which will require additional resources and statutory changes. Prevention of homelessness in the future will require investment in long-range planning studies and innovative implementation strategies. Finally, there are several vulnerable, high-risk groups of special concern who require focused attention for early intervention and for prevention of homelessness. These include the long-term mentally ill and runaway/neglected youth. While these groups make up only a small percentage of the homeless, the complexity of their service needs requires special efforts.

The Task Force has produced a comprehensive set of general and specific recommendations for ameliorating the problems of homelessness. These recommendations involve many different state agencies and local organizations. While the Task Force would like to see all of the recommended actions implemented, it is recognized that this will probably *not* be possible. Thus, the Task Force has given priority to six areas for immediate action. In order to address the problem of homelessness in Michigan, the Task Force urges the Governor's Office, the legislature, state departments, and local agencies to assertively implement the following strategies in 1986.

1. PROMOTE INTERAGENCY COORDINATION ON BEHALF OF THE HOMELESS TO HELP ASSURE THAT HOMELESS PERSONS HAVE ACCESS TO ALL THE BENEFITS TO WHICH THEY ARE ENTITLED.

The following activities should be undertaken:

- Convene a statewide conference for providers of services for the homeless and representatives from programs serving the homeless in order to share information on resource availability and access to services;
- Establish a state level interagency committee on the homeless to monitor services and recommend needed legislative/administrative changes;
- Establish coordinating committees on the homeless in every major community to document local problems, implement collaborative solutions, carry out public education, and enlist community support in addressing the needs of the homeless;
- Disseminate written information on state human service programs to local organizations serving the homeless concerning program benefits and access.

(See Recommendations A.1.1., A.1.3., A.1.4., and A.1.6.)

2. PROVIDE OUTREACH SERVICES TO SHELTERS, SOUP KITCHENS, AND OTHER LOCATIONS WHICH SERVE HOMELESS PERSONS.

The State Departments of Mental Health, Social Services, Education, Public Health and the Office of Substance Abuse Services should require their local

agencies to assess the service needs of the homeless and the need for outreach services. Budget requests for such service expansions should be given high priority.

(See Recommendations A.2.4., A.4.3., B.2.1., B.5.1., B.5.3., B.6.4., B.7.1., B.7.5.)

3. PROTECT THE LIVES, HEALTH, AND SAFETY OF PERSONS WHO ARE CURRENTLY HOMELESS BY ASSURING FUNDING FOR NECESSARY SHELTER BEDS AND SERVICES.

State, federal and local resources should be coordinated to:

- Ensure stable funding for existing shelter operations;
- Expand funding for intake and case management staffing necessary to meet documented needs;
- Expand funding for more shelter capacity on a temporary basis where there are documented waiting lists for beds.

(See Recommendation B.1.1.)

The previous three recommendations should do much to address the present service needs of the majority of the homeless. However, the Task Force identified two sub-populations that it felt required special attention: the chronically mentally ill and "runaway/throwaway" youth. While neither of these groups represent a large number of homeless persons* the complexity of their problems and the potential for early intervention to avert chronic homelessness require special attention. The next two strategies address these vulnerable populations.

4. IMPROVE COORDINATION BETWEEN STATE HOSPITAL DISCHARGE PRACTICES AND COMMUNITY TREATMENT SERVICES TO HELP ASSURE CONTINUITY OF CARE AND PREVENT HOMELESSNESS AMONG THE CHRONICALLY MENTALLY ILL.

Unless they receive mental health services in the community after hospital exit, the chronically mentally ill are especially vulnerable to losing economic supports, to victimization, and to unstable residential patterns — conditions which directly contribute to homelessness. A number of activities to help alleviate these problems can be undertaken which require policy changes, legislative action, or minimal resource expansion. These include:

- Providing transportation to residences, DSS offices or CMH after discharge;
- Establishing income support before discharge;
- Expanding emergency housing provisions;
- Initiating better medication compliance efforts;
- Training the Courts and police on better use of Alternative Treatment Orders.

(See Recommendations A.6.1. to A.6.13.)

5. CLARIFY THE LEGAL STATUS OF YOUNG ADULTS FOR SERVICE PROGRAM ELIGIBILITY AND PROPOSE NECESSARY STATUTORY CHANGES SO THAT RUNAWAY/NEGLECTED YOUTH MAY BE SERVED APPROPRIATELY.

Youths who run away or who are "thrown away" by their parents are increasing in numbers. If early interventions are not carried out, their homelessness may become a chronic lifestyle which is difficult to reverse. Yet major barriers exist to use of existing services because of arbitrary and differing legal definitions concerning the age limits for child versus adult programs. (See Recommendation E.1.2.)

The previous strategies address the current needs of the homeless. However, these are likely to be band-aid solutions to a problematic condition that will only worsen unless the basic question of housing availability is addressed. Thus, the sixth strategy endorsed by the Task Force is to:

6. PREVENT FUTURE INCREASES IN HOMELESSNESS BY ADDRESSING THE LONG-RANGE HOUSING NEEDS OF LOW INCOME PERSONS, INCLUDING PROVIDING A CONTINUUM OF RESIDENTIAL OPTIONS.

Analyses should be commissioned to:

- Determine the residential options necessary to house those who are currently homeless or potentially homeless;
- Monitor trends in the loss and availability of low income housing;
- Develop a 5-year renewable state plan on low-income housing;
- Identify innovative remedies to improve low-income housing stock. The plan developed and problem solutions identified should then be implemented.

* The chronically mentally ill have been estimated to constitute 25-30% of the homeless population. Last year there were 4,400 youth served by runaway programs.

REPORT

INTRODUCTION

In his January 1985, State of the State message, Governor Blanchard expressed concern for the plight of the homeless population in Michigan. Reports from large cities across the nation, including metropolitan Detroit, have shown an increasing number of homeless individuals. Realizing that the problem of homelessness needed to be addressed as a multi-service issue with a concentrated, coordinated effort, the Governor directed the Human Services Cabinet to identify more effective ways to address the special needs of the homeless.

In June 1985, C. Patrick Babcock, Director of the Department of Mental Health, was appointed by the Governor to chair a Human Services Cabinet Task Force on the Homeless. Carol T. Mowbray, Director of the Department's Research and Evaluation Division and Principle Investigator for an NIMH funded research study of the chronically mentally ill homeless in Detroit, was appointed Task Force Associate Chairperson. V. Sue Johnson, Claudia Combs, Andrea Solarz, Suzanne Dupuis and Susan Burns provided Department of Mental Health staff support. Other state departments and their representatives included:

Department of Public Health	Pamela Paul-Shaheen
Department of Labor	Ted DeLeon
Department of Social Services	Ken Hargrove
	Judith Labovitz
	Larry Max
Department of Education	Ron Gulum
	Linda Dorn

The Task Force met bi-weekly, from June through November 1985. Each department presented key issues concerning the problems of homelessness from their own perspective. Department presentations explored state provided programs and how federal guidelines and policies affect the homeless. Each representative invited specific individuals from his or her department to provide information on relevant services as they relate to the needs of the homeless population. For example, the Department of Labor invited representatives from the Job Training Partnership Act, Michigan Employment Securities Commission and the Bureau of Community Services. The Department of Public Health presentations included representatives of the Food and Nutrition Advisory Commission, the Detroit Health Care Project for the Homeless, the Office of Substance Abuse Services, and the Grand Rapids Public Health Initiative. The Department of

Social Services discussed entitlement programs, the Emergency Needs Program, Adult Protective Services, and the Domestic Violence Board. The Department of Education invited representatives from Disability Determination Services and from the Social Security Administration Regional Office in Chicago. Finally, the Department of Mental Health presentation included representatives from its Community Mental Health Bureau and the Research and Evaluation Division and from New Center Community Mental Health Center and Community Case Management Services Inc., both contract agencies of the Detroit-Wayne County Community Mental Health Board.

Presentations to the Task Force began with both local and statewide service providers. Representatives from shelters and soup kitchens were invited from Saginaw, Detroit, and Grand Rapids. The Director of a shelter in Traverse City was unable to do a presentation in person but sent extensive information about services. Additional state level organizations were also represented, including the Veterans Administration, Michigan State Housing Development Authority, Michigan Housing Coalition, MSU Cooperative Extension Service, and the Sheriffs' Association.

Some of the issues addressed by the Task Force were:

1. How service agencies relate to each other in providing services and how the coordination between service systems can be improved; identification of service gaps.
2. Review of what other states and local areas are doing to address this situation.
3. Training and dissemination of information among public and private providers; advocacy at local, state and federal levels, including public information and education.
4. Immediate short-term responses: changes in state programs and policies. Long-term legislative changes: federal and state levels.
5. Demonstration projects: Accessing entitlement programs, health screening, case finding/outreach, and drop-in centers.

In addition to the regularly scheduled meetings, Task Force members also visited soup kitchens and shelter sites in the Grand Rapids and Detroit areas. Members spoke with both service providers and consumers at these sites.

The information presented served to stimulate discussion between committee members from which short and long term recommendations were generated. The

Task Force has compiled and analyzed the information gathered, and produced this set of recommendations addressing the needs of Michigan's homeless population and presented them to the Human Services Cabinet in January, 1986.

STATEMENT OF THE PROBLEM

Homelessness in America is an increasing national problem. Between 1980 and 1984, the number of shelters increased 66% (U.S. General Accounting Office, 1985). Estimates of the numbers of homeless in this country range from as few as 250,000 (U.S. H.U.D., 1983) to as many as 2.5 million (Hombs and Snyder, 1982), with annual increases in homelessness ranging from 10% to 38% (U.S. G.A.O., 1985). In Michigan, it has been estimated that there are over 27,000 people who become homeless during the course of a year in the Detroit area alone, with an average of 500 being in need of shelter daily (United Community Services, 1985). There has been no formal effort to assess the numbers of homeless in the state of Michigan. However, a range of estimates may be calculated. The Community Services Society/Institute for Social Welfare Research, a national advocacy group for the homeless in New York City, estimates that one percent of the nation's population may become homeless at some time during the year. If this formula is

"Homeless individuals are those who lack a permanent residence — because of inadequate resources, inadequate access to resources, inadequate management of resources or because they are unable or unwilling to accept a traditional residential setting for other reasons."

applied to Michigan, it can be calculated that approximately 90,000 people may be homeless in this state. Prevalence estimates based on current shelter usage yield more conservative figures, ranging from 31,200 to 33,000 (1). Clearly, this is a significant problem which requires immediate attention at the local, state, and national levels.

There are many potential methodological problems in attempting to measure the number of homeless persons in this country. This is a fluctuating population of somewhat transient people who, to a great extent, remain hidden from view. They have no doors upon which census takers may knock. Another difficulty inherent in calculating the numbers of homeless is that

there is no consistent definition of homelessness. Consequently, estimates of the numbers of homeless made by different groups or organizations may vary because they actually include different types of people in the total (e.g. runaway youth, victims of domestic assault, those in marginal housing, etc.)

After reviewing substantial amounts of literature and receiving testimony from providers of services to the homeless, the Human Services Cabinet Task Force on the Homeless developed the following working definition of the homeless:

"Homeless individuals are those who lack a permanent residence (a place of one's own where one can both sleep and receive mail) because of inadequate resources, inadequate access to resources, inadequate management of resources, or because they are unable or unwilling to accept a traditional residential setting for other reasons."

The Task Force grouped the homeless into three general categories: *long term*, *episodic*, and *transitional*. The "long term" homeless have been homeless for more than twelve months. This group includes the traditional homeless who may have a lifestyle of moving from shelter to shelter or living in abandoned buildings or on the street. The "episodic" homeless have been homeless for less than twelve months, but have experienced at least one prior episode of homelessness. They may include victims of domestic violence or runaway youth who repeatedly leave their residences, as well as those who have a pattern of repeatedly entering shelters at the end of the month when their limited financial resources are depleted. The "transitional" homeless have been homeless for less than twelve months and have no prior history of homelessness. This includes those who have been evicted and are in a shelter for the first time, and those who find themselves homeless when they are forced to leave their residences because of lack of heat during the winter.

Identifying the Homeless

Many misconceptions exist about the homeless. The traditional stereotype of a homeless person is usually that of a free-spirited wanderer who chooses an independent lifestyle: a male, unmarried, middle-aged alcoholic. The stereotype tends to be supported by the media which sometimes highlight individuals who appear to have *chosen* to be homeless. However, this type of individual no longer represents a "typical" homeless person. During the last ten to fifteen years, the characteristics of the homeless have been changing.

Myths about homeless persons are presented in Table 1 along with evidence that refutes these misconceptions. Of particular importance, research indicates that the population of homeless is now younger, has greater numbers of women (and their children) than ever before, and contains significant numbers of persons with mental health problems. Some of these changes are discussed below:

Age of the Homeless

A significant change in the homeless population is that the mean age is lower. Early studies of the homeless generally reported average ages in the mid-forties to fifties (Sutherland and Locke, 1936; Levinson, 1957; Bahr, 1973). Recent studies, however, have generally reported mean ages for the homeless in the mid-thirties (e.g. Ropers and Robertson, 1984; Arce, et al., 1983; Fischer, 1984). The mean age of participants in the Michigan shelter study was 35.3 years (Solarz and Mowbray, 1985a; 1985b). A major contributor to the

"Many misconceptions exist about the homeless. The stereotype supported by the media — no longer represents a 'typical' homeless person."

lowering in age of this population may be the recent economic recession and concomitant high levels of unemployment. This may affect younger workers more than it does older workers in several ways. Younger workers may have less seniority (and thus be the first to be laid off) and be less skilled (and thus be less likely to be hired) than older workers. In addition, they may have less savings and fewer benefits accrued, and thus may be less able to weather periods of unemployment. Consequently, younger workers may be more likely to find themselves without a job and "on the street."

Women Among the Homeless

In the past, the presence of women in shelters or on skid rows was considered to be rare. Today, while homeless men still outnumber homeless women, greater numbers of women are joining the ranks of the homeless, and they may comprise as much as 25 percent of the homeless population (Arce and Vergare, 1984; Crystal, 1984; Stoner, 1983). The specific

reasons for the increase in the numbers of women are unknown, but are probably multiple and complex. Some research suggests that women who were previously under treatment by the mental health system were disproportionately affected by deinstitutionalization policies (Crystal, 1984; Bachrach, 1984). Stoner (1983) remarks that the burden of poverty falls disproportionately on families headed by women. This "feminization of poverty" has led today to greater numbers of women being forced to the streets, often accompanied by their children. Other factors may include family instability and increasing numbers of women who leave their homes because of domestic violence. Nearly a third of the participants in the Michigan shelter study were women, indicating that women represent a significant portion of Michigan's homeless (Solarz and Mowbray, 1985a; 1985b).

Mentally Ill Homeless

Another important change often cited in the population of homeless is the increased numbers of mentally ill persons who find themselves part of this group. Estimates of the number of the homeless who are mentally ill range from less than 25 percent (e.g. Segal, et al., 1977) to as high as 91 percent (Bassuk, et al., 1984). In Michigan, it is estimated that substantial numbers of the homeless may be in need of mental health and other social services. In a study conducted in Detroit shelters by the Michigan Department of Mental Health, approximately 25% of the participants had a history of prior psychiatric hospitalization (Solarz and Mowbray, 1985a; 1985b).

However, when evaluating the levels of mental illness among the homeless, it must be remembered that the condition of homelessness is itself highly stressful and is likely to contribute to the development of psychological symptoms. Those who had not suffered from mental illness before they became homeless may become exhausted and disoriented as a consequence of the daily stresses involved in surviving on the streets. Results from the Michigan shelter study indicate that those sampled were experiencing a significant amount of psychological distress. Most of the participants reported that they had felt lonely, blue, and/or tense or keyed up during the previous week (Solarz and Mowbray, 1985a; 1985b). These are significant problems, but not of the level of severity requiring psychiatric hospitalization. Also perhaps contributing to large numbers of homeless mentally ill is an overall increase in the number of persons at risk for schizophrenia as the baby boom generation enters the 18 to 35 year old age bracket, the peak period for development of schizophrenic symptoms (U.S. G.A.O., 1985).

Table 1
Myths & Realities About Homelessness

Myth	Reality
The homeless are: middle-aged	Median age was 34 in an Ohio statewide study and 35 in a Detroit shelter study.
males	19% were female in Ohio; 29% female in Detroit.
alcoholic	In the Ohio study, 19% reported drinking a lot; 20.5% drank daily in the Detroit study.
transient	In Ohio, 63.5% had lived in the area for a year or longer; in Detroit, 83.1% were area residents for at least one year.
limited/no work experience	48.1% had worked within the past year in Ohio; in Detroit, 41.4%.
accustomed to being on the street	Only 20% of the Detroit sample had spent the previous night in a shelter or on the street; compared to 61.5% in Ohio.
homeless by choice	As a reason for homelessness, only 6.1% said they "just like to move around" whereas more than half cited economic reasons (Ohio); in Detroit 30.4% had been evicted from their last residence.
Homelessness is an urban problem	While the homeless <i>do</i> predominate in urban areas, a quota of 19.2% of the Ohio sample came from rural counties.
The homeless population hasn't changed from what it's always been	75% in Ohio said they had been homeless for a year or less.
Recent increases in homelessness are caused by deinstitutionalization	In Ohio only 29.9% had any psychiatric hospitalizations; in Detroit, 26% had been hospitalized; in both sites more than 40% of hospitalizations occurred 2 or more years ago.

* Roth, 1985.

It should be remembered that a need for mental health services should not mean a return to institutionalization. In the Michigan shelter study, approximately 140 persons were screened and no more than a handful were thought to require hospitalization. Whatever the cause of mental health problems — deinstitutionalization, lack of community services, or the stresses of being on the street — it is generally agreed that for large numbers of the homeless, these problems are serious and must be addressed.

Causes of Homelessness

Clearly, the homeless are a heterogeneous group, comprised of many subpopulations. Included in the homeless are alcoholics and drug abusers, the psychiatrically disturbed, victims of domestic violence, young men and women, the elderly, children on their own or with one or both parents, and families. Finally, there are a very few who appear to have chosen homelessness as a lifestyle. Similarly, there are many and varied causes of homelessness. These may be grouped into

categories of global or societal-level causes, and more specific or individual-level causes. Some of the probable causes of homelessness are also presented in Table 2.

Global Reasons for Homelessness

Baxter and Hopper (1981) cite three major social and economic developments leading to homelessness today. First, inflation and unemployment coupled with reductions in funding of social programs and the decreasing availability of income support programs, have resulted in greater numbers of people falling outside of the "safety net," and onto the streets. This is particularly acute in Michigan where the unemployment rate has generally remained over ten percent during the past five years (Michigan Housing Coalition, 1985). Individuals who are without a source of income, who are unable to find a job, and who lack social supports to fall back on in times of stress, may find themselves out on the street when they are unable to pay their rent.

On top of these problems, gentrification of inner cities has displaced thousands of individuals, with no provisions for replacement housing. This has resulted in severe reductions in the number of single room occupancy hotels (SRO's), the traditional residences of the poor. The Michigan Department of Social Services Housing Task Force (cited in the final report of the Michigan Housing Trust Fund Feasibility Study by the Michigan Housing Coalition, 1985) reports that Detroit lost an annual average of 5,114 housing units between 1970 and 1983 to decay, abandonment, and demolition. The net loss of housing units between 1980 and 1984 in Detroit was in excess of 18,000. Similar trends are reported for other large urban areas as well. For example, it has been estimated that the number of SRO rooms in New York City decreased from 50,454 to 18,853 between 1975 and mid-1981 (Kasinitz, 1984). Without the availability of stable residences, many marginal persons (often with mental and/or health problems) are no longer able to remain invisible to the public and social institutions. Although these problematic individuals may have always inhabited our urban areas, now they have come to the public's attention and demand a public response.

Decreased funding for human services, including community mental health and welfare, has meant that many marginal persons, including the mentally ill, have had fewer program and economic supports to maintain themselves independently in the community. Finally, federal policies reducing the roles of disability programs like SSI and SSDI have caused large numbers of handicapped persons, especially the mentally

ill, to give up stable residences they can no longer afford and ultimately to "hit the street."

Specific Reasons for Homelessness

These global antecedents to homelessness are important for understanding the general climate which has led to an increase in the numbers of homeless. However, they do not necessarily help us to understand the immediate events which precipitate homelessness for individuals. These reasons may be as varied as the many individuals who find themselves homeless.

A common reason given for becoming homeless is eviction from prior residence by landlord or relatives. In a Michigan study, nearly one-third of sampled shelter guests reported having been evicted from their last residence (Solarz and Mowbray, 1985a). In addition, the poor quality of affordable residences or catastrophic events such as broken heating pipes, sometimes force individuals onto the streets to fend for themselves.

Personal crises are also significant precipitating causes for homelessness. Individuals with limited economic resources may exhaust their familial and other social supports. Abandoned by family and friends because of behavior problems, histories of mental illness, or involvement in the criminal justice system, these people can no longer stay with those on whom they have relied for support. Unable to support themselves on their own, they end up on the street or going from shelter to shelter. Individuals whose families have been disrupted by divorce, death, or abuse may also find themselves without access to their current residence and/or unable to afford shelter. Of particular concern recently have been the growing number of domestic assault victims and young people who run away or are "thrown away" by their families.

Some unknown percentage of the homeless have been released from institutions (either mental or penal) into communities where aftercare or follow-up services have been unavailable, inaccessible or unacceptable. In a Michigan study, over a quarter of a sample of Detroit shelter guests had a history of psychiatric hospitalization, with about half having been in the hospital within the past two years (Solarz and Mowbray, 1985b). Over a quarter reported that they had been released from incarceration in jail or prison at some time in the past five years (Solarz and Mowbray, 1985a). Without adequate post-release monitoring, these individuals may be unable to maintain themselves in a residence. In addition, as noted above, they may not have the necessary social support systems to facilitate their transition back into the community. Unable to cope effectively in the community, they end up among the homeless.

Table 2
Probable Causes of Homelessness

High unemployment rates	Michigan's unemployment rate ranged from 10%-17% since 1980 (3)
Continuing chronic unemployment	Nationally 53.1% who lost jobs in 1981-82 were permanently dismissed (4); 175,000 persons in Michigan (3)
Loss of income support	From 1981-83 nationally about 500,000 disabled persons or 1/6 of the total were cut off from SSI/SSDI (4)
Inadequate income support	In Michigan, GA benefits decreased in real dollar amounts from about \$4,500 per case in FY78 to about 1,425 per case in FY84.
Decreased federal support for social programs	Federal spending was \$38 billion less in FY85 than under pre-1981 policies (5)
Decreased state support for human services	In Michigan, in real dollar amounts, the mental health budget decreased over 11% from FY80 to FY81.
Giant holes in the "safety net"	In 1980, 42% of the 11 million households below the poverty line received <i>no</i> public support (6).
Increased poverty level population	An estimated 587,000 more people were in poverty in 1982 due to federal budget cuts (5).
Decreases in housing stock	From 1970-80 Detroit housing decreased 11% or 58,696 units, the most of any U.S. city (3).
Loss of low income housing	About 500,000 low income units disappear annually; from 1970-82, 1.1 million single room units disappeared (4).
Failure to replace low-income housing	In FY81, 41,660 units of public housing were constructed; in FY85, 7,134 were built; in FY86, only 3,000 are budgeted (7).
Increased housing costs	In 1970, the median % of income paid for rent was 20%; in 1980, it was 27% (6).
Housing priced beyond income support levels.	In Michigan, the highest possible AFDC shelter allowance is only 45% of fair market rent value (8).
Increased human needs	Every 1% rise in unemployment is associated with an increase of 4.2 mental hospital admissions and 3.3 state prison admissions (9).
More personal crises	Family conflict and family dissolution were given by 21.3% of homeless respondents as the major reasons for their homelessness (10).

Finally, the most important precipitating event leading to homelessness is often simply that a source of income has run out. Individuals may lose income in a variety of ways. For some, a job may be lost or unemployment benefits may run out. Others may lose their source of economic support through divorce or estrangement from family members. In some cases, support checks have been stolen or lost, or support payments are not adequate to cover living expenses for an entire month. For others, changing eligibility requirements, or more stringent review procedures for disability payments have resulted in their being cut off from public income support programs.

These specific reasons for homelessness are causes for an individual's immediate *displacement* from a given residential setting. However, displacement is not enough to account for sustained homelessness (Hopper and Hamberg, 1984). Families and individuals can resettle if affordable housing is available. Thus, the global reasons previously cited (such as lack of low income housing, lack of income support, giant holes in the human services "safety net") are significant in explaining the growing phenomena of episodic and/or chronic homelessness.

Services for the Homeless

Clearly, the homeless are a multi-problem group. While there are some universal problems (such as the lack of immediate housing), it is clear that this is a very heterogeneous population. As a group, they suffer from significant health problems, which are compounded by limited access to adequate and/or affordable health care (Solarz and Mowbray, 1985a; Solarz and Mowbray, 1985b). Many have significant histories of psychiatric problems or may be experiencing current psychological distress due to the situational crisis of homelessness. Both mental and physical health problems may be exacerbated by alcohol and/or drug dependencies. Almost a third of a Michigan shelter sample reported having been through some type of alcohol treatment program, and fifteen percent had received treatment for drug problems (Solarz and Mowbray, 1985a; 1985b). In addition, many become victims of personal or property crimes.

Along with these problems, many lack the available social supports or resources which might have prevented their becoming homeless. Some may be alienated from their families because of their history of institutionalization in the mental health or penal systems (or in some cases both systems). For others, friends and family also have severely limited resources

at their disposal and are simply unable to take in one more person.

While many of the homeless repeatedly express their desire to work, they almost universally lack the necessary education and job skills to secure employment in an already harsh economic climate. In the Michigan shelter study, fewer than half had received a high school degree, and the great majority reported that they were usually employed in unskilled blue collar jobs when they were working (Solarz and Mowbray, 1985a). Even without these problems, the lack of affordable and decent housing in many of our urban centers may make it nearly impossible to maintain oneself at the poverty level income provided through the welfare system.

"Many homeless (persons) are unaware of services they are *entitled* to, including income supports, medical care, food and housing."

Some of the needs of the homeless may be met by traditional service delivery systems. However, there are several factors which may contribute to the ineffective delivery of services to this group. Many of the homeless are unaware of services to which they are entitled, including income supports, medical care, and food and housing. Because they often live outside of the "mainstream," extra outreach efforts may be needed to inform this group of available services. In order to be effective, outreach programs must be staffed by individuals who are knowledgeable about homelessness, and who are willing to approach people on the street.

It is sometimes said that the homeless simply don't want services; that adequate services are available but are not being pursued. One reason for this apparent rejection of services is a simple lack of awareness, as noted above. Also, some of the homeless do not avail themselves of services simply because they cannot obtain transportation to agency sites, and they are unaware of any available outreach programs. In addition, the snare of red tape often encountered in the application for services serves as a sufficient deterrent for many. For others, the demands placed on them in order to receive services are perceived to be too extreme (e.g. participation in religious services, de-lousing, disclosure of personal information, surrender of belongings, compliance with strict curfews and rules about eating, drinking, smoking, etc.). Thus, less demanding alternatives may need to be considered to maximize the use of services by some of the homeless.

Finally, some traditional services simply may not work with this group as a whole. For example, traditional psychotherapy is probably a less appropriate immediate response to dealing with the problems of homeless mentally ill persons than is case management to ensure the provision of food, shelter, and income supports. This and other multi-disciplinary approaches involving relevant agencies or service providers may be more effective in providing services to this multi-problem group than is the traditional fragmented method of providing separate services.

Careful consideration must be taken of what types of services are needed by the homeless, and of how those services may be provided in a way that is acceptable and accessible to this group. While short-range solutions such as the provision of food and shelter on an emergency basis may temporarily relieve individual cases of homelessness, long range approaches are mandatory if the problem is to be controlled on a larger level.

SUMMARY

The homeless are a diverse group. Many have multiple problems. As a result, a wide array of services are necessary to restore the homeless to stable residences and independent living. These include:

- *Emergency food and shelter*
- *Income support*
- *Case management*
- *Basic education*
- *Vocational preparation and employment opportunities*
- *Mental health services and counseling*
- *Habilitation and rehabilitation services*

- *Substance abuse treatment*

- *Medical and dental care and nutrition services*

The above are legitimate needs in terms of support or temporary services. However, what the homeless need most of all are homes — decent, affordable and permanent low-income housing which includes a full continuum of residential options from board and care homes to SRO's, to apartments, to houses.

"Homelessness today is not fundamentally a social service or mental health problem. It is a state of deprivation defined by the absence of a primary element of civilized life — a home. That said, it must be emphasized that emergency shelters are not homes."

from Hardship in the Heartland

(Salerno, Hopper and Baxter, 1984, p. 61)

To meet the needs of the homeless will, in many cases, necessitate nontraditional services, outreach efforts and coordinated service programs. Efforts to determine the "true causes" of homelessness and consequently assign blame to deinstitutionalization, federal program cutbacks, or loss of low income housing, etc., are ultimately pointless. They divert attention away from the problem and lead to a divisiveness among human service agencies antithetical to the coordinated care approach which is required.

The Task Force on Homelessness concluded that there are solutions to the problem of homelessness that must be undertaken. The recommendations which follow in Section II present a comprehensive set of general and specific actions for ameliorating the problems of homelessness. The Task Force believes that their implementation is feasible, practical and, in the long-run, cost-beneficial to *all* the citizens of the State of Michigan.

Footnotes

- (1) Herb Yaminiski, Michigan League for Human Services, indicates a common method of estimating problem prevalence is to take data for Detroit and increase it by 20% for total statewide prevalence. This would produce a homeless estimate of 33,000.
- (2) Major shelter providers in out-county areas of Michigan indicate serving approximately the following numbers of homeless persons in 1984:

Grand Rapids/Kent County (a)	500
Saginaw (a)	200-500
Lansing (a)	500
Northern Michigan (a)	
(Traverse City shelter)	1,100
Ann Arbor (b)	450
Kalamazoo (b)	650
- (a) Estimate from providers running shelters in these locations.

- (b) Calculated based on reported number of bed nights or beds, assuming a 14 day length of stay, 30% duplication, and 70% occupancy rate.

Adding these figures to the Detroit area data yields a total statewide estimate of 31,200.

- (3) Michigan Housing Coalition (1985).
- (4) Baxter and Hopper (1981).
- (5) U.S. General Accounting Office (1985).
- (6) U.S. Bureau of the Census (1981).
- (7) Barthel (1985).
- (8) Housing Assistance Council (1984).
- (9) Brenner (1976).
- (10) Roth (1985).

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1. KANSAS CITY STAR, 5/21/85

Committee to focus on homeless

By Anne Farris

■ special correspondent

Jefferson City—A legislative committee studying the problem of homeless people is planning to hear suggested remedies from Kansas City providers of shelter.

"We hope to help the committee understand the scope of the situation and zero in on some specifics," said the Rev. Stuart Whitney, chairman of a Kansas City citizen task force on the homeless. Mr. Whitney will present information on the homeless at a hearing May 28.

"We have more homeless at any given moment than we have capacity to care for," he said. "The city and state need to expand their vision of how we serve people who are falling (in) the cracks."

The House Committee on Social Services and Medicaid is studying private and government assistance to the homeless and hungry in Missouri. The study, begun this spring and expected to be completed by September, will be presented to the 1986 General Assembly.

Depending on what the study finds, the committee may recommend that the legislature expand services, create a special homeless program under the Division of Family Services, establish a governor's commission for more studies or enact stronger laws to help the homeless, according to a legislative researcher.

Mr. Whitney said he will present information on the number of homeless in Kansas City. (An estimated 1,400 persons were sheltered at one time or another at one location between December and April.) He also will present information about the conditions that create homelessness and offer suggestions for the state's response.

"The farm crisis is forcing people into urban areas with no place to go and few opportunities for people with no skills," Mr. Whitney said. Unemployment and cutbacks in mental health programs also have added to the number of homeless, he said.

Among the suggestions will be to concentrate more efforts on job training for the chronically unemployed and to consider con-

verting vacant, inner-city state facilities to shelters, Mr. Whitney said. The committee also should consider whether state agencies and prisons should provide more assistance after treatments or imprisonment, he said.

Daniel Landon, research analyst for the committee, said the study so far has revealed that many people become homeless when they are refused mental care.

Randy McConnell, public affairs deputy director for the state Department of Mental Health, said cutbacks in federal funding and more stringent admission rules have meant fewer people receive mental health care. Mr. McConnell said the state has closed 600 psychiatric care beds since 1981.

A department study of homeless in St. Louis showed 56 percent of 248 persons interviewed needed acute or chronic mental health treatment but only 15 percent were receiving the service. Mr. McConnell said the sample results are representative of the needs in Kansas City.

2. KANSAS CITY STAR, 5/28/85

State aid sought for the homeless

By Anne Farris

■ staff writer

Jefferson City—Leaders of social agencies told Missouri lawmakers today that more state assistance is needed to help the homeless, particularly in St. Louis and Kansas City.

"We must realize we have a year-round need, a growing need," the Rev. Stuart Whitney told a House committee studying the homeless and hungry in Missouri. Mr. Whitney is chairman of a Kansas City citizens task force on the homeless.

Among the needs in Kansas City are more public assistance for the unemployed, more responsibility by the state when it moves people out of prisons and mental hospitals, more job skills

programs and more assistance in paying high utility costs, Mr. Whitney said.

"We could use vacant state warehouses to help house people," the task force chairman said. "We could even use state surpluses of cots, mattresses, kitchen equipment, food commodities and state vehicles to help the poor and homeless."

Mr. Whitney was one of several representatives of non-government agencies providing information on the extent of homelessness, reasons for it and ways to address the problem to the House Committee on Social Services and Medicaid. The committee study, begun this spring and expected to be completed by September, will be presented to the 1986 General As-

sembly.

Agency representatives from St. Louis and Clay County also recommended that the state raise levels of general relief to the poor, assist the elderly in utility costs and raise the minimum wage. They also recommended extending state day-care programs to evening hours so more unemployed parents can work at night jobs, and that more low-income subsidized housing be provided.

The agency representatives said homelessness has been caused by unemployment, a depressed farm economy, lack of low-cost housing, redevelopment that causes relocation of residents and by dependency on drugs and alcohol.

No Home for Outcasts

There's no good reason the efforts of Restart Inc. to aid the city's homeless and recovering alcoholics should be thwarted. To ignore the need is callous and shameful. A livable Kansas City doesn't operate that way.

Restart is made up of representatives of a group of churches which, for the past few winters, have been helping folks who ended up nights in the Grand Avenue Temple. Last year the group tried to turn the abandoned Yates School into a shelter and halfway house. The city Board of Zoning Adjustment denied a permit. Now Restart wants to buy a building at 1026 Forest for the same purpose.

Again a permit has been denied. The snag is in also using the facility for recovering alcoholics and drug abusers. Interpretation of some of the 11 conditions can be subjective, therefore difficult to meet.

By identifying it as a boarding house, Restart apparently could proceed with the shelter. But this is a donation-supported effort. Teamed with a halfway station possibly eligible for state contracts, there would be reliable income.

Transitional living space for people who have almost mastered their problems is badly needed. This group is sticking its neck out for individuals who have no voice or clout. Why Restart has to fight a war just to demonstrate what the city fathers and other politicians piously proclaim as this town's basic goodness and old-fashioned values is beyond understanding.

Incidentally, the board is not required to give a reason for denying a permit. It didn't. The area is zoned for light industry and commerce. It's difficult to see how a charitable operation to get the sick back into productivity, or give the homeless a cot to sleep on will foul the neighborhood.

Restart is pondering its options: an appeal to the circuit court, to open a shelter only, to beg for a city ordinance change or exceptions. The latter is little enough to ask. Unless this is another case of a conflict between people and things where the people again are the losers.

Funds sought for mobile health care

By Kate Miller
staff writer

Social service leaders in Kansas City expressed optimism last week that the city and Jackson County would provide \$50,000 to establish a mobile health service for homeless persons.

The Committee for Health Care for the Homeless met with City Councilman Jerry Riffel, head of the council's Finance Committee, and emerged hopeful that a partnership funding arrangement would result. The group already has secured \$95,000 from private foundations on the condition that government money makes up the \$50,000 still needed for start-up.

Mr. Riffel reserved his optimism for successful funding, citing the dozens of other social service groups also clamoring for city money and the difficulty of allocating funds midway through the city's budget cycle.

If the service expands an existing program, such as Truman Medical Center's services for indigent persons, or combines city and county funds, the money might be secured, Mr. Riffel said.

Modeled on similar programs in New York City and Denver, the service would consist of a two-person team traveling by van or station wagon to shelters, missions and homes for battered women. The team would administer basic health care and advise residents on problems needing further medical attention.

Supporters—including the City Union Mission, the Salvation Army, the Metropolitan Lutheran Ministry, Truman Medical Center and the Swope Parkway Comprehensive and Mental Health Center—foresee benefits ranging from lower medical bills, which would be the result of catching illnesses before they worsen, to more independence among the homeless.

"It's hard to look for a job or a place to live when you're sick," said Brenda Pelofsky, mental health director of the Swope

Parkway center.

In 1984, the Swope Parkway center and Salvation Army sponsored a survey of 480 homeless persons receiving aid from the Salvation Army, Ms. Pelofsky said. Nearly 90 persons needed extensive medical treatment, including 36 with cardiac problems, 12 with tuberculosis, 10 each with mental illnesses or active ulcers, and five each with cancer or diabetes.

After treatment, 30 percent of those persons found jobs and more stable living arrangements, Ms. Pelofsky said.

Estimates of Kansas City's homeless range from 5,000 to 12,000. Ms. Pelofsky said about 2,500 of the city's homeless are children.

Several local hospitals and clinics provide low-cost or free health care, but homeless persons usually do not take advantage of those services. They lack transportation and generally mistrust people, said the Rev. Stuart Whitney, chairman of the city's Ad Hoc Committee on the Homeless.

Mr. Whitney said major health problems for the homeless include respiratory and cardiac illnesses, frostbite in winter, foot and skin ailments and high blood pressure.

The Rev. William Pape, executive director of the Metropolitan Lutheran Ministry and chairman of the mobile service committee, said other frequent health problems include tooth and gum diseases and kidney ailments related to alcohol and drug abuse.

"Those who have the energy and willpower go to Wayne Miner Health Center,

Truman Medical Center or Swope Parkway, or they self-prescribe. They'll try to hustle enough money to get patient medicines, and then they'll share them with each other, which is not a very safe thing to do. Many just hope to wait it out," Mr. Whitney said. "Folks simply shouldn't have to live that way."

Organizers say regular contact with mobile service staff would ensure shelter residents' trust.

"When we use volunteers in the shelter program, after two or three visits, the residents start believing the volunteers are real," Mr. Whitney said.

Mr. Pape said he hoped to pin down funding by the end of August to get the health unit on the road by this fall.

Help For County Homeless

For all too long, the sole focus of attention on the plight of the homeless in this part of Missouri has been the city of St. Louis. While scattered efforts on behalf of the homeless exist in St. Louis County, that area has not committed the resources or facilities to come close to matching what is available in the city. But the homeless are not a city phenomenon, and growing concern in the county and the effort of Community in Partnership to set up an emergency shelter deserve every support.

A zoning variance is the first order of business for the new shelter. The site in unincorporated St. Louis County is now a Salvation Army church, so the change is more an expansion of the present mission than a new use. If approved, as it should be, the shelter next fall could offer 24 beds to homeless families for as long as 60 days. Twenty-four beds for a homeless population of up to 2,400 in the county is not

much. But even this modest effort has been stalled for a year and a half by University City, Pagedale and Bel Ridge, which did not want even such a small shelter within their boundaries.

County government, in conjunction with groups such as the Salvation Army and the Ecumenical Housing Production Corp., provides some help for the homeless, but transitional housing is far from adequate. Indeed, the county's entire effort on meeting housing needs should be examined. Some 3,650 people are on waiting lists for the county's 950 public housing units, and 9,550 people are in line for 3,500 subsidized rental slots. The city is moving ahead in working with private groups to increase services for the homeless. A good many of those who find help in the city are from the county. That area, too, needs to improve greatly its efforts to provide both emergency and long-term housing help.

Official rejects state role in aid to homeless

By Matt Campbell

staff writer

KC Star 1-7-86

The director of the Missouri Department of Social Services on Monday rejected the suggestion of a private advocacy group that the state should assume greater responsibility for helping homeless people.

"The proper people to respond are probably the mayors and



**Joseph J.
O'Hara**

**... opposed
to new agency**

county executives. They're the ones on front lines," Joseph J. O'Hara said. He said he did not discount the problem of homelessness but was "not convinced there is a role for the state to play in this."

Mr. O'Hara was responding to a report released Monday by the Missouri Association for Social Welfare that recommended, among other things, a new state entity and increased funding to meet the needs of persons who live on the streets.

"The last thing I think we need in state government is another

layer in the state bureaucracy," Mr. O'Hara said. "I am very opposed to creating some new agency. I don't think that is the best use of our resources."

The association, based in Jefferson City, spent about a year studying the causes and effects of homelessness in urban and rural areas. Its report recommended a new state authority to monitor changes in social needs and to help make spending for social programs more flexible and responsive.

"I believe the appropriation committees in the House and the Senate fulfill that function now," Mr. O'Hara said.

The association also recommended that the state take advantage of federal matching funds to create an emergency assistance fund that could be used to help persons facing eviction or utility shut-off.

Mr. O'Hara said that suggestion was misleading because the federal matching program is offered to states as an option in conjunction with the existing Aid to Families with Dependent Children program. Further, he said, that option only offers \$1 for \$1 of state spending, while the main AFDC program offers \$1.50 for each \$1 spent by the state. That is why Missouri does not participate in the optional program, he said.

Homeless And Mentally Ill

The Missouri Association for Social Welfare is to be commended for calling public attention to the special problems and needs of the mentally ill who are homeless and for urging the Missouri Department of Mental Health to offer treatment and other services to meet the needs of this segment of the state's population.

Many of the state's mentally ill who now find themselves homeless were released from institutions under the Community Mental Health Centers Act of 1963. The act had a well-intentioned goal that turned into a full-scale social-policy disaster.

Under the act, mentally ill patients were supposed to be released from institutions and get compassionate treatment in community-based centers. Planners had estimated that 2,000 centers would be needed nationwide, but fewer than 800 such cen-

ters were built. Consequently, many of the mentally ill ended up in inadequate group shelters, in cheap hotels or on the streets. And many never got the compassionate care that was envisioned under the act.

There are numerous reasons that people end up being homeless. But the exodus of the mentally ill from state institutions under the act has no doubt swelled the ranks of the homeless in St. Louis and other cities, and in rural areas of the country as well.

The Missouri Division of Mental Health clearly has a key role to play in this matter. The state Legislature ought to make it a priority to see to it that adequate funding is provided to allow the state agency to treat the mental health problems of the homeless — a group that stands out as a shameful symbol of society's ineptitude.

City Must Shelter Homeless Families

By Karen L. Koman
Of the Post-Dispatch Staff

St. Louis is required to provide temporary shelter and services for 200 more individuals and 50 families under a bill signed Thursday by Mayor Vincent C. Schoemehl Jr.

Schoemehl, who was out of town, said in a prepared statement that the non-profit social service agencies in the city already were providing many of the services called for in the ordinance.

What is new, he said, is the requirement to provide accommodations for 50 families.

He said the program would probably require more than the \$380,000 the city has budgeted. He said he would be receptive to any funding request by his Task Force on the Homeless.

The group issued a progress report this week on the first seven months of the city's network of agencies helping the homeless. The group said the 200 beds should be added at shelters, which now contain 600 beds. It also said the city should spend more than

the budget allotment but did not give a specific amount.

The network sheltered 200 to 300 people a month during the last seven months, the report said.

Schoemehl also responded in his statement to a concern expressed by George Eberle, the task force's chairman, over the lack of affordable low-income housing in the city. Eberle has said he believes that this lack contributes to the overcrowding at shelters in the city.

Schoemehl said he shared the concern. He accused the administration of President Ronald Reagan of being a major contributor to the problem.

"By withdrawing funding and incentives for low-income housing, the

Reagan administration is literally forcing people into the streets and turning its back on their needs."

Meanwhile, the Rev. Larry Rice, director of the New Life Evangelistic Center, called a news conference Thursday to say the city was not doing enough for the homeless. He accused officials of putting the city's resources into projects such as the domed sports stadium proposed for downtown and other projects that primarily benefit the wealthy and the middle class.

Rice said he believed that the city should be running one large centralized shelter or several smaller shelters, not adding beds at non-profit agencies.

Homeless Need More Than Beds

A task force set up by Mayor Vincent C. Schoemehl has acknowledged that the city has done too little to help the homeless, but it refused to endorse a bill to set up a central shelter for this neglected segment of St. Louis' population.

The group's suggestions were in response to the bill requiring the city to provide a shelter for 200 people and 50 families. We're pleased that the mayor has signed that bill, although the task force had urged only that he add 200 more beds to those available to the homeless.

George Eberle, head of the task force, argues that the city's seven-month-old program is capable of handling the problems. He notes that the program has found shelter for more than 1,000 women and children, placed 100 families in permanent housing and found jobs for 35 people.

This is impressive, but overlooked is the fact that hundreds of homeless people are

not being served. That is why the Board of Aldermen passed a bill to set up a shelter that will be a one-stop center where homeless people could register and get advice on how and where to seek a variety of services, ranging from health care to employment.

Aldermanic President Thomas E. Zych, who backed the bill signed by the mayor, says the center need not be costly. He has hinted that a vacant school building could be converted into a shelter and that some developers might volunteer to perform the renovations.

The new law signed by the mayor will keep more people off the street by assisting them in making use of social services so as to get their lives in order. The task force may question the board's call for a new shelter, but it can't deny that the law can lead to even better coordination of services for the homeless.

Finding Shelter For The City's Homeless

Their Condition Has Many Causes And Hence Is Not Susceptible To A Single Solution

By George Eberle Jr.

Who needs shelter tonight? To answer, "The homeless," is correct; however, it is also misleading. It leads one to think of the homeless as one group when they are really not. The homeless are a group only in the sense that they all need shelter. Otherwise they are very different and include:

Victims of domestic violence seeking safety from an abusive spouse or parent. The mentally ill whose medical condition has become destabilized and are not capable of rational behavior. The alcohol and substance abusers whose dependency destroys their ability to control and order their lives. Those from households totally without income to purchase food and shelter and temporarily without an employable adult. The poorly housed who prefer temporary shelter space to their current overcrowded home conditions. Travelers without funds moving through the city. People whose jobs have been terminated and who have exhausted their unemployment compensation, financial reserves and finally their credit. Street people who, for reasons of their own and some of the above, choose the streets as a personal lifestyle.

These differences are significant. They point out that just as there is no one cause for homelessness, there will not be one solution. Providing effective shelter is a very complex problem that cannot be solved by simply creating beds. Additional factors must be considered.

► Social problems causing homelessness are, for the most part, beyond the capability of city governments to resolve. As a society we are ineffective at preventing, curing or even controlling chemical dependency. Adequate income maintenance for those unable to work or find work is a federal and state responsibility. Treatment of the mentally ill is a state responsibility. Adequate, affordable housing is a local responsibility, but the need is beyond the funding capability of city government alone. What becomes quite obvious is that more than cities must be involved in resolving this social problem. A total community effort is required.

► The homeless will increase in numbers. Not even the most optimistic fore-

see any changes in government policies and in community attitudes toward the provision of social services, or a rate of expansion of the economy that will ease the conditions that cause homelessness. Consequently, the homeless will grow in number and will continue to come to St. Louis, as they do to all major cities.

These understandings are generally agreed upon in the professional community and were the background for the report to Mayor Schoemehl by the Mayor's Task Force for the Homeless. They resulted in two basic objectives: (1) that the search by the homeless for safe

dition, work is progressing on the following related problems:

(1) Development of additional low-income rental units by both the private and public sectors.

(2) Addressing the inadequate level of state support for the mentally ill homeless (estimated at 20 percent of the homeless population).

(3) Addressing the inadequate levels of state financial assistance to families with dependent children. (Gov. Ashcroft denied \$300,000 of federal funds to homeless women and children by eliminating \$300,000 for the homeless from the current state budget.)

Despite progress, there remain problems interfering with the development of services for the homeless. Most distressing is the growing number of people, not always those without shelter, who are calling on the Homeless Network for services. Their problems result from inadequate income, marginal employment and a lack of available low-income housing. In desperation they look to shelter space as a means of solving their problems.

There continues to be serious misunderstanding of the problem of the homeless. It is believed by some that one large, city-run shelter for all the homeless is the solution. This approach, often referred to as the warehouse approach, has been rejected by the mayor, and rightly so.

It is unworkable for several reasons. It would not be good for the mentally ill, substance abusers and families with small children to be gathered in one facility. Nor would it be good for a neighborhood. Even small homeless shelters constantly struggle to retain positive

relationships with their neighborhoods. It is questionable whether one neighborhood could be found that would accept a large shelter for all the homeless.

There now exists in St. Louis a coordinated system for those looking for shelter. It locates beds, it provides transportation, it provides places to stay during the day, it provides counseling and training and it has found jobs and permanent homes. More needs to be done, but it will only get done through cooperative community effort.

George Eberle Jr. is executive director of Grace Hill Settlement House and was chairman of the Mayor's Task Force for the Homeless.



shelter be managed more effectively with no loss of dignity to the homeless; (2) that services be available to break the cycle of homelessness.

Mayor Schoemehl accepted the Task Force report in its entirety and has implemented the specific proposals through the city's Department of Human Resources and existing agencies. As a result, St. Louis now has a Homeless Services Network. It is a public/private system of care that is built into the infrastructure of the city. It has already increased and improved services to the homeless.

This is not to say that more need not be done. Plans for expanding services are currently being implemented. In ad-

Help. Hope For The Homeless

In announcing plans to set up a center for the homeless, Mayor Vincent C. Schoe-mehl has no doubt warmed the hearts of a few more families who need temporary shelter and has headed off what was certain to become a major fight with the Board of Aldermen over the issue of homelessness.

"The mayor has announced that he would spend more than \$1 million for a Homeless Transition Center in a remodeled drug store at Hodlamont Avenue and Martin Luther King Drive. The center would include 50 two-bedroom units for homeless families and would provide social services for others. The funds for the project come from quick repayment of a \$15 million loan by the developers of Union Station. The mayor hopes to use \$10 million of the repayment for local development projects and \$5.5 million for new or renovated

housing in various neighborhoods.

The mayor's plans for a center for the homeless come in response to a bill the board approved last month. Some members of the Mayor's Task Force for the Homeless had claimed that the wording of the bill was vague and didn't require the city to set up the center. They also argued that it would be counterproductive to house diverse groups in a single building. Supporters of the bill were prepared to challenge that interpretation, but the mayor's action may have resolved the issue.

The center also should satisfy the city's obligation to the homeless under a court order that resulted from a class action suit requiring the city to provide 200 beds for the homeless by Oct. 1.

The Union Station project has turned into an economic boost to the area and a boon for those the city is obligated to help.

Of 75 Evicted, Many Need Homes

By Charlene Prost
Of the Post-Dispatch Staff

About a dozen people among about 75 who were evicted from the Edison Hotel on Friday afternoon have found a temporary home through the New Life Evangelistic Center, the Rev. Larry Rice said Sunday.

But Rice said the former hotel residents were in need of a permanent solution to their problems. And he said he was particularly concerned about a 93-year-old woman, who is ill, and her son. They were among those abruptly forced to move out of the hotel Friday after the city closed it because of code violations.

"We found a family last night that they are staying with," Rice said Sunday, "but I'm trying everything to find them a place to live." He said that the woman and her son were looking for a place to rent for about \$150 a month.

Rice, who heads the evangelistic center, said the dozen or so people who had gone there had been "permanent or semipermanent residents" at the hotel, which is at 107 North 18th Street.

He said that they had been renting \$9-a-day rooms weekly or monthly. He estimated that as many as 45 of the 75 people at the hotel Friday were in that category. The others, he said, were transients who stayed there "whenever they had \$9 in their pockets."

Some of the people who had been at the hotel Friday, Rice said, had "scattered all over town."

"They are sleeping at night in parks and in vacant buildings, and some are climbing in the windows at the Edison and sleeping there at night."

Janice Plenkard, 47, and Corliss

Davis, 41, were among the women who spent the weekend at the center's shelter in East St. Louis.

Plenkard said Sunday that she had lived at the Edison off and on since she was 10 years old. She said that she most recently had worked as a secretary and bookkeeper for the St. Louis Police Department but lost that job several months ago. About 10 days ago, she said, she had a heart attack. She said she's living on \$336 a month from Social Security and \$90 worth of food stamps a month.

Plenkard said she has relatives in St. Louis, but they are unable to take care of her.

Despite her problems, Plenkard considered herself lucky in one respect.

"I found a kitchenette apartment in the West End, for \$70 a month," she said Sunday. "But I know there are a lot of other people from the hotel who don't have anywhere to go."

Davis was still searching for a place to live on Sunday. She said she had some money from a previous out-of-town job but cannot afford to spend more than \$200 a month for a place to stay. Davis said her doctor had told her she needed rest, so she's been unemployed since returning to St. Louis about a year ago and moving into the Edison.

"I am concerned about finding a place," she said, "but I guess it doesn't do any good to worry."

The turn-of-the-century hotel is owned by William Gluck. It is being sold to The Forsythe Group, said Deborah Patterson, executive director of development for Mayor Vincent C. Schoemehl Jr. She said the property would be redeveloped along with other projects Forsythe is doing in the area.

St. Louis Tops Survey In Increase Of Homeless

By Robert L. Koenig
and Karen Koman
Of the Post-Dispatch Staff

WASHINGTON — The number of homeless people in St. Louis increased at a greater rate in the last year than in any of 21 cities surveyed for a study by an advocacy group for the homeless.

The survey by the National Coalition for the Homeless estimates that the number of homeless people in St. Louis doubled — to between 10,000 and 15,000 people — since last summer.

In contrast, the report finds the average rate of increase in the 21 cities surveyed was about 25 percent. It contends that "more men, women and children are homeless than at any time since the Great Depression."

St. Louis city officials and operators of local shelters generally agree that a serious problem exists in finding affordable housing for the poor. But they disputed the number of homeless cited in the study and said the city did not have a chronic street population of up to 15,000 people.

The study, called "National Neglect-National Shame: America's Homeless," includes displaced women and children in the estimates of the number of homeless. Maria Soscarnis, director of the coalition's office in Washington, said the increase in St. Louis appeared to be "primarily in women with children."

The study was based on interviews with the operators of shelters for the homeless and other officials in 21 cities, Soscarnis said. She said most of the figures from St. Louis had come from Susan Murray, head of the Relocation Clearinghouse.

"It's very hard to get an accurate, absolute estimate of the number of homeless people," Soscarnis said Monday. "We can get a much better idea of the increase in the number of homeless people who are seeking help."

"And we found that St. Louis was much higher than the national rate."

Critics of the study say that it is unscientific and relies in some cases on estimates by shelter operators who depend on grants related to how many people use the shelter.

"Any time you start talking about numbers in relationship to the homeless, you've got a problem," said Harvey Vieth, chairman of a federal task force on the homeless.

The report says that the number of shelter beds in St. Louis has been cut because of a lack of money, and "a significant number of homeless persons are expected to be turned away."

It says that a scarcity in affordable housing and cutbacks in government-subsidized housing are among the main reasons for the growing number of homeless. In addition, the report contends that some welfare recipients in Missouri have trouble affording adequate housing on limited benefits.

Other than St. Louis, the cities reporting the highest rate of increase in homeless were Charleston, W.Va., with a 50 percent increase, and Dallas, with a 40 percent increase.

The cities in the survey that reported a greater number of homeless people than St. Louis were New York City, with 60,000 to 80,000 homeless, and Los Angeles, with 33,000 to 50,000 homeless. Washington was estimated to have the same number as St. Louis, and Dallas was estimated to have 14,000 homeless.

But other cities reported far fewer homeless people than St. Louis. Those cities include Boston with 5,000 to 8,000 homeless; Miami with 9,000; Milwaukee with 5,000; Seattle with 3,000; New Orleans with 2,000; and Denver with 3,000.

While their reactions to the survey differed, local officials said that helping the poor find jobs so they could remain in housing also was a problem. They said the numbers cited in the study were accurate only if they included people who lived in substandard housing and were occasionally forced into the street.

Lt. Col. Edgar Overstake, a divisional commander in the Salvation Army, said his staff had seen a sharp increase in the number of people looking for shelter. The Salvation Army is the clearinghouse for the city's network for the homeless and makes referrals to the shelters here.

The Rev. Larry Rice, director of

the New Life Evangelistic Center and a spokesman for the area's homeless, said the size of the increase reported in the study was consistent with his experience.

Rose Terranova, the city's director of human services, said the number of homeless here could well be 10,000 to 15,000 or higher if that included those who were inadequately housed.

She described the "average" homeless person as a black single mother with two to three children under the age of 5. Terranova said she found it difficult to believe the study's conclusion that St. Louis had more homeless than bigger cities such as Boston or Washington or Miami.

A spokesman for Mayor Vincent C. Schoemehl Jr. said the mayor had yet to read the study and had no comment.

In recent months, Schoemehl's administration has taken some steps to address the problem of the homeless. The city has found permanent housing for an estimated 300 people, and 90 new emergency beds have been added at different shelters.

Schoemehl announced earlier this month that the city would be spending \$1.3 million to remodel the old Katz drugstore on the North Side to serve as a "transition center" to provide temporary housing for 50 families. An additional \$5 million has been pledged by the city for local housing development.

In the city's Board of Aldermen, a "homesteading" bill introduced recently calls for the city to spend \$3 million to rehabilitate deteriorating houses or build new ones for low-income families.

Task force has plan, money to help homeless in KC

By Jeff Taylor
Of the Metropolitan Staff

Their sights set on helping the homeless, the Heart of America United Way and the Greater Kansas City Community Foundation on Wednesday announced a seven-point plan to inject more than \$700,000 into social service agencies to enhance programs.

The two organizations teamed up to form a task force that examined homelessness for several months, said Bill Hall, chairman of the United Way board and president of the Hall Family Foundations.

The examination pointed up a key problem, he said: Social service agencies in the city are providing adequate temporary shelter, but they are overmatched by the number of homeless families who

need help finding permanent homes.

Social service agencies estimate that 5,000 people are homeless every day in the Kansas City area, said Mark Shapiro, a consultant to the task force. Many are families who can find temporary shelter but have no permanent place to live, he said.

John Churchill, director of social services for the Salvation Army's Kansas and Western Missouri division, said that the task force's efforts were helping the community to focus on an age-old problem. He cautioned that he was not familiar with all of the details of the seven-point proposal but that it sounded as if it would be effective.

"We have a need in the community that needs to be addressed,"

he said, "and I think this is a good, honest attempt."

Mr. Hall, in announcing the plan, said the task force members thought that the seven-point proposal would allow social service agencies to focus on preventing homelessness, instead of offering only emergency help after people find themselves without a place to live.

The seven-point proposal deals with the following concerns: providing financial aid to shelters; finding long-term housing through landlords with vacant apartments or homeowners with unused space; expanding shelters for families; creating a computerized service to keep track of low-cost housing; providing medical screening for shelter occupants, offering emergency financial help to prevent

homelessness; and helping social workers solve problems that stem from homelessness, such as unemployment and poor health care.

The United Way and Greater Kansas City Community Foundation have reeled in nearly all of the initial financing needed to pay for the expanded programs, nearly \$700,000, Mr. Hall said, but he expects additional contributions. The venture is expected eventually to raise more than \$750,000, Mr. Hall said.

The United Way Venture Grant Fund and the Jacob and Ella Loose Foundation each contributed \$200,000, Mr. Hall said.

Other local foundations have provided \$200,000, he said. An additional \$100,000 is assured already, Mr. Hall said.

The Best Hope For The Homeless

Critics may disagree with the methodology used in the latest new national study on the homeless, but there is little room for argument about the need for a federal policy to address this growing social issue. The study, done by the National Coalition for the Homeless, says the homeless problem is increasing at a faster rate in St. Louis than in 20 other major cities. The study estimates that at least 10,000 people are without shelter here, and it says the number has doubled since last summer.

Some city officials say this high figure distorts the credibility of the study's findings. They say the 10,000 figure is accurate only if it includes the temporarily homeless — families who experience short periods without shelter after being forced out of substandard housing.

Lost in the debate over numbers is the fact that the problem isn't likely to be solved until the federal government steps

in and requires all states to offer a minimum level of services that address the underlying causes of homelessness. One good example of where that is happening is Massachusetts, whose homeless policy provides emergency food, shelter and clothing; mental health services and employment assistance; permanent housing, and other support services.

St. Louis appears to be moving in a similar direction. Mayor Schoemehl plans to spend \$1.3 million for a transition center for a limited number of homeless families. That is a good first step, but a workable program must also include out-patient treatment for those suffering from mental illness and drug abuse, as well as jobs for those capable of working. Emergency shelters are a stopgap measure; social services and employment offer the best hope of helping the homeless find their way back into the mainstream of society.

Area Homeless, Friends Walk To Capital

By Charlene Prost
Of the Post-Dispatch Staff

A group of homeless people and others will leave City Hall at 9 a.m. today to begin a seven-day walk to Jefferson City.

The group plans to hold rallies along the way and distribute petitions and other material seeking help for the homeless.

The group is being led by the Rev. Larry Rice, head of the New Life Evangelistic Center, a St. Louis-based organization that provides emergency housing and other services for homeless people throughout the state.

Rice said Sunday that he expected about 50 homeless people to begin the walk today in St. Louis. He expects others from throughout the state to join them.

The petitions are being circulated as part of a campaign by Christians

United for Compassionate Government to encourage politicians and government officials to do what they can to help the homeless. The petitions call for more state-operated shelters for mentally ill people who are homeless. They state that children should not be taken from homeless parents and put into foster homes "without shelter for homeless parents also."

Rice said the group would stay overnight in churches along its route to Jefferson City. At the same time, he said, "we will be trying to get centers for the homeless established in churches and communities throughout the state."

Another purpose of the walk, he said, is to begin a \$1 million fundraising campaign to help the homeless.

The group also will distribute copies of a nine-page paper examining what members call the state's "epidemic of homelessness."

The paper says that the problem is growing dramatically, and that the state has about 50,000 homeless people — about 15,000 in St. Louis and 12,000 to 14,000 in Kansas City.

After leaving St. Louis this morning, the group will hold its first rally at 7:30 p.m. at Grace World Outreach Center, 2695 Creve Coeur Mill Road in west St. Louis County. Group members will sleep overnight at a church at the center. On Tuesday, the group will walk through St. Charles and O'Fallon and on to Lake St. Louis, where they will spend the night.

The group plans to be in Jefferson City on Sunday and hold a rally at 2 p.m. just west of the Capitol.

City Aims Grant At Housing Woes

By Karen Koman
and Charlene Prost
Of the Post-Dispatch Staff

The Community Development Agency is proposing to spend about half of the \$21.5 million it expects to get in federal block grant money next year on what officials say are housing programs urgently needed here.

The money would go to develop new rental housing, especially for low- and moderate-income families, stabilize neighborhoods and increase home ownership.

But some aldermen have questioned the appropriations that the proposal seeks for other agencies that do work related to development. Concerns were raised at a special meeting of the aldermanic Housing Committee, which reviewed the grant application proposal.

Alderman Timothy Dee, D-17th Ward, said Thursday that aldermen had questioned appropriations to agencies such as the Land Clearance for Redevelopment Authority, the Land Reutilization Authority and the Planned Industrial Expansion Authority.

He said the aldermen also were concerned about how the housing programs — including one providing loans for home improvements — were working.

Each year, the city has funneled block grant money to these agencies, typically to pay for administering various development projects. But Dee said that aldermen were concerned whether the money was being spent for the designated purpose. He said the aldermen had requested documentation on the appropriations.

Dee noted, for example, that the redevelopment authority had managed to have \$3 million in cash reserves to help pay for The Arena. That agency is buying it for \$15 million from the Harry Ornest family.

Barbara Geisman, director of the city's development agency, said that the city expected to receive about \$21.5 million next year from the federal government. The need for more affordable housing in the city prompted the decision to increase the appropriation to housing programs, she said.

Last year, about \$8.6 million of block grant money went for projects related to housing.

"Housing development and activity in general is going to become more difficult once the tax bill takes effect," Geisman said, "and housing is one of the city's primary needs." She noted that under the new federal tax law, benefits for rental development will dry up.

A recent national study found that the shortage of affordable housing in St. Louis was a large contributing factor to the number of homeless here. An estimated 10,000 to 15,000 people live on the city's streets or are occasionally homeless.

Geisman said the grants would help establish 600 additional rental units in the city and 350 homes for sale, both new and renovated. The money also would be used for other programs, such as loans to homeowners.

She said the agency believed that development activity would shift toward units for sale. Therefore, more emphasis is being placed on the "for-sale incentives" program, she

said.

After reviewing advice from the aldermen and holding a public hearing, Geisman will submit a final version of the block-grant budget to the Board of Aldermen. The budget must be finished and forwarded to the U.S. Housing and Urban Development Agency by Dec. 1.

The tentative allocations, in addition to housing, are: capital improvements, \$5 million; planning and administration, \$2.7 million; social services, \$1.4 million; economic development, \$904,500; neighborhood services, \$772,800; and historic preservation, \$158,000.

The city has received dwindling amounts of block grant money each year since 1979, when the city got a record \$36.8 million. Last year, the city received about \$21 million.

Homeless fill shelters to capacity — and beyond

By Katherine Foran
Of the Metropolitan Staff

Even the citywide emergency hot line held out no hope for three homeless families who were looking for a place to stay Monday when temperatures plummeted into the low teens.

The same night that the hot-line operator told those families there was no room for them in any of the metropolitan area's 10 homeless shelters, two men apparently froze to death — one in a portable toilet near 13th Street and Broadway, the other in a construction trailer near 12th Street and Michigan Avenue.

These incidents herald the grim winter ahead for many of the city's poor residents, social service agency workers say.

The pattern is becoming all too familiar, winter after winter. Worse yet, agencies say, the perennial crisis underlines a growing year-round shortage of emergency shelter for homeless people.

In the first 10 months of this year, the area's roughly 350 shelter beds often have fallen short of the needs of the more than 6,000 people reported to the hot line as being without housing.

"It seems like every year around this time I have the same feeling that the number of homeless we're seeing is increasing," said the Rev. Stuart Whitney, executive director of the ReStart Shelter. "And every year, it always seems to come true."

Though seldom publicized, the shelter bed shortage persists through warmer weather. The life-threatening cold of winter simply puts a greater burden on an already overtaxed system, he said.

More young, single people, prompted to move to the city by dead-end rural and small town economies, are swelling the ranks of the homeless, as are families, particularly single women with children. Those trends seem to be gaining momentum, despite the reported upsurge in the nation's economy, Kansas City workers with the homeless agree.

City Union Mission Men's Shelter for the homeless, for instance, had been experiencing heavier usage this fall than in other years.

"Last night (Monday), with the cold temperatures, we peaked out at 115 (men)," said the Rev. Maurice Vandenberg, executive director of the City Union Mission. "We went beyond the available dorm space by 20 men, stretching capacity with pads and mattresses stacked on the day room floor."

"The problem is growing year by year and will continue to grow" as the supply of affordable housing for the poor dwindles, as

public sector benefits stay static or decline and as more workers lose jobs or are displaced into a lower pay scale, he said.

The City Union Mission's family shelter and the ReStart Shelter also were filled to capacity Monday.

But that is becoming the norm, shelter workers say.

"We've been seeing a lot more people who've told us that they're simply parking their car under a street light and sleeping there," said Karen Streeter, administrator of Pilgrim House, the City Union Mission's family shelter, with capacity for up to 45 couples or families.

The Salvation Army Emergency Lodge on Monday also exceeded its regular capacity of 42 family units.

"But that is typical and continual, as we're facing in our community such a shortage of housing that poor people can afford," said Lt. Col. Clarence Harvey, Salvation Army divisional commander. The agency's emergency lodge has run at capacity for the last 18 months; the longer-term treatment program that houses 160 has been at capacity for a year, he said.

For the first time, social service agencies can begin to document the extent of need.

Ten months ago, the City Union Mission set up the homeless hot line in cooperation with eight Kansas City shelters, a shelter in Liberty and another in Kansas City, Kan.

The statistics have been as disturbing as they are revealing, Ms. Streeter said.

For instance:

● From January through October, the hot line received 3,713 calls for emergency housing aid; 3,111 of those were from different people.

● Of all the calls, 1,417 were made in the last three months alone. The other 2,296 came from January through July.

● All the calls represent 6,395 individuals without a home; 3,806 people in the first seven months of the year and 2,589 people in the last three.

● Homeless families accounted

for many of the calls: 633 in the last three months alone; 937 during the preceding seven months.

● The homeless parents who sought help through the hot line during the last 27 weeks had 1,854 homeless children with them.

"For the first 10 months of this year, there was a need for 1,570 family rooms," Ms. Streeter said. "All we (the 10 shelters) had available were 665."

"It's good that we have committees and groups fighting for future affordable housing. I agree we have to have that. But we have a present crisis, right here at home that has got to be addressed. I think that's what the statistics are showing us."

Police have not yet pieced together the particulars of the cases of two men who were found dead Tuesday morning, apparently from exposure. But all indications are that each was seeking shelter from the cold, Sgt. James Keane said.

Such deaths occur each year, "especially early in the season, when the cold is unexpected," he said.

"Homeless people often aren't as informed. . . . They can't turn on the radio for a weather report. They may have been thinking it was just going to be another 50-degree night. The sudden cold caught them totally off guard."

This winter, the City Union Mission family shelter plans to put its emergency crisis plan into effect at all times, Ms. Streeter said. Three other shelters also will do that, stretching their capacity by using mats, cots and borrowing mattresses.

But even at that, hot line statistics suggest that more people may be turned away this winter just as the three families were Monday, the coldest night of the season so far.

When people are turned down for shelter, Mr. Vandenberg said, "It doesn't mean they spend the night on the street."

"They'll go back to the bus depot or sit in their cars, trying to find a place to stay warm," he said.

"It's not a solution; they crawl in someplace and just try to survive."

FORREST ROSE

Callaway deputy's decision was death sentence for drifter



The sun was still an hour below the horizon when Dan Rees, barefoot and coatless, gave up. Or perhaps the pavement was a little bit warmer than the frost-covered grass. In any case, Rees lay down on the Interstate 70 access road and waited until he was struck by a passing car.

Rees, 28, was just a drifter, one of those obnoxious and odiferous reminders of how the richest country in the world deals with its outcasts.

He'd come to Fulton by thumb a few days earlier and lost no time in making himself an undesirable presence. He spent one night in jail and within days had used up his allotted time in the local shelters for the homeless.

Efforts to have him placed at Mid-Missouri Mental Health Center or Fulton State Hospital were fruitless, since the procedure for committing someone to those facilities is complex.

Authorities bought Rees a bus ticket to Kansas City, a standard method of getting rid of such problems, but he did not use it. On Dec. 28, when he became offensive at Gasper's Truck Plaza, Curtis Quick — the only deputy on duty — took him in the squad car and dropped him off at the Boone County line on I-70. It was barely after 6 a.m., the temperature was in the teens and there wasn't an open establishment for miles.

Callaway sheriff Harry Lee stood by Quick. "Under the circumstances," Lee said, "it was the best decision." He added: "It's unfortunate."

Damn me for a liberal, if you will, but I call that more than unfortunate; it's unacceptable.

To begin with, Callaway's practice of dumping its dilemmas at the Boone County line is unprofessional in the extreme.

More to the point, shoving a man out in the cold, in the middle of nowhere, without even giving him shoes or a coat, is unconscionable. A lot of people who simply shrugged their shoulders about Rees' death and asked, "What else was there to do?" would never dream of doing the same thing to their pet.

It's too easy to put the onus on the federal government, which has slashed funding to institutions for people such as Rees, who need medication and care. But when people voted for Ronald Reagan and his "new federalism," they accepted the responsibility of dealing with things that had previously been the bailiwick of the federal government.

Callaway fell down badly on this one, but no one here seems willing to say as much. "The bottom line is that if he was alive, we wouldn't be talking about this," said one Boone County official.

Correction: The bottom line is that he is dead.

Another liberal, Clarence Darrow, once reflected on the popular idea that if a man is "of no use," he might as well be dead.

"Perhaps there is truth in this flip-pant idea," Darrow wrote. "No doubt it could be said with some degree of reason about nine-tenths of the people of the world."

"It would be very dangerous to declare that a man could be executed because he was of no value to the world. If a trial of this sort should be fairly decided, most of the clacs who advocate such ideas would be found wanting, and therefore guilty."

"The justification for living is that you are alive. If one cannot justify life in this way, then it can not be justified."

Drifter's death brings policy changes

The Associated Press

FULTON, Mo. — Callaway County Sheriff Harry Lee said Wednesday that he was working on new ways to handle the homeless since the death of a barefoot drifter who was hit by a car after a sheriff's deputy left him at the side of the road.

Lee said he met Wednesday with a representative from the St. Francis House of Hospitality, a shelter house in Columbia. The shelter contacted Lee after learning about the Dec. 28 death of Dan Rees. Lee also said a few ministers had offered to transport homeless individuals to the shelter.

A Callaway County sheriff's deputy drove Rees, 28, to the Callaway-Boone county line about 6 a.m., Lee said. It was foggy, and the temperature was 18 degrees.

"He had no coat or shoes. He gave him (Rees) a woolen blanket and pointed out the direction to Columbia," Lee said. "Within an hour and a half, we found out he apparently laid down in the roadway, and a car came up in the road and struck him."

Rees had hitchhiked to Fulton earlier in December from his native

"I was just hoping that he could get some help. I was hoping that he could get to Columbia and get to a shelter."

Callaway County sheriff's deputy

Cadillac, Mich.

"He would go to the state mental hospital, and they would regulate him on his medicine," said Mabel Lumbert, a relative. "When he wasn't on his medication, he was really rude and sometimes violent. He was really pushy, and he demanded things."

Lee said Callaway County deputies briefly held Rees, who was intoxicated, on Dec. 19. About a week later, Rees flagged down a Missouri Highway Patrol trooper along Interstate 70 near Kingdom City. The trooper took Rees to a drug and alcohol treatment center in Fulton.

Counselors there tried to have him transferred to Fulton State Hospital and Mid-Missouri Mental Health Center. Officials at Fulton State said they had no room and

Mid-Missouri officials said they didn't take patients from Fulton.

"The only time you can get admission to a state hospital facility is when someone poses an imminent danger to himself or others," said Vicki Buss, director of the alcohol treatment center. "He happened to fall through the cracks. There is no place for the homeless and no place for the homeless with mental problems."

On Dec. 28, Rees became angry and disorderly at a Kingdom City truck stop. The Callaway County sheriff's deputy picked him up at the truck stop and let him off near the county line, about six miles from Columbia, Lee said.

"I was just hoping that he could get some help," the deputy said. "I was hoping that he could get to Columbia and get to a shelter."

Lee said the deputy did not take Rees to Columbia because that would have left no deputy patrolling Callaway County.

"Under the circumstances it was the best decision," Lee said. "That's the normal policy of any sheriff or police department. We all do that at times."

Struggle of homeless families



Photos by Wally Emerson/Special to The Times

In a small room at the Pilgrim House shelter, Norma Duncan takes care of her sons James, 10 months, and Hershell, 2, playing peekaboo,

at right. Duncan is divorced and hopes to start a job training program soon. About 40 percent of America's homeless are families.

Children's needs hard to meet in shelters

By Katherine Foran
Of the Metropolitan Staff

In one breath, Victoria Neal says the emergency shelter where she and her mother have been staying since early November is a better home than both have known in a long time.

"Things are building to something better here for my mother and me," she says.

Then the 9-year-old looks shyly down at the table and hugs closer to her chest a cigar box full of childhood treasures. In the next breath, she says living in the shelter is "like I'm in a cage... being trapped, just like an animal."

Victoria is among the uncounted children whose home is one of the city's emergency shelters for the homeless. Many depend on parents who admit they often have no better idea than their children of what the future holds. And they are part of a growing national trend that public and private social-service systems acknowledge they are ill-prepared



Children and adults stretch out a bit after dinner at Pilgrim House, the City Union Mission's family shelter.

to handle.

"Not only does the old stereotype of the broken-down male wino no longer apply, but increasingly, the stereotypical homeless person in America is a small child," said Maria Foscarinis,

Washington counsel for the National Coalition for the Homeless.

"There is more homelessness in the United States today than since the Depression, and children are the fastest-growing segment of that population," Foscarinis said.

The coalition estimates that as many as 3 million people are without homes in the United States. Up to 40 percent of those are in families.

"If you conservatively estimate that 50 percent of the homeless families are children, then you're talking about thousands of children out there without a home to call their own," Foscarinis said.

Agencies that traditionally have served the homeless acknowledge that they often lack the expertise, programs and facilities to deal with the complex problems and specific needs of children. Child advocacy groups nationally are beginning to address this special population.

But agency officials say that accurate numbers are hard to come by, in part because they have been too busy trying to meet the needs of this group to keep careful statistics.

The Kansas City Health Department, for instance, reported that



A combination of circumstances forced Jimmy Hayes and his family out of their home. Hayes rests with his children, Timothy, 1, and Timothy, 3, at Pilgrim House while his wife, Cheryl, packs the car to move to another shelter. Hayes, recently hospitalized, uses a cane while recovering.

Continued from Page A-1

about 600 children spent time in shelters in 1985. The department also said that women and children made up about 30 percent of the city's shelter population last year.

But agencies serving the homeless think those figures gravely underrepresent the extent of the problem in the area.

In a 27-week period last year, they point out, the Hotline for the Homeless recorded 1,854 children among families that called. Of 132 people who were sheltered at the Holy Family House emergency shelter from Sept. 1 through November, 72 were dependent children younger than 17, sixty-two were preteens.

The Health Department survey also showed that the city's domestic violence shelters housed 1,170 children last year. Some argue that many of those children also should be considered homeless because they were fleeing homes and sources of support they probably would never return to.

None of the statistics account for the "hidden homeless," families living in makeshift quarters or doubling up with relatives and friends until resources and patience run out.

The children are helpless

Few dispute the harmful effects of homelessness on the children.

"There are all these little victims," said Karen Streeter, director of the Pilgrim House, the City Union Mission's family shelter. "Everything is completely out of their control."

The lucky ones are those like Vincent Neal, whose parents have been accepted into transitional living programs, where longer stays and support services help stabilize families, Streeter said. The programs often provide an important step toward a better life.

But most homeless families end up trapped in a cycle. And social-service workers are concerned that without a concentrated effort to develop programs and facilities for family needs, the effects on children may show up in long-term behavioral problems or delayed social and academic development.

"Home" involves far more than the building, the roof over your head: It relates to family and all the images connected with that, the network of relatives, friends, a neighborhood and schools, said Brother Louis Redemann, with the Holy Family House.

"These children are caught in a network of insecurity and uncertainty because all of those qualities of family and home are not there for them," he said.

The parents themselves teeter

between hope and despair for their children. Many are all too familiar with the symptoms of physical and emotional distress: bed-wetting, poor sleep patterns, reduced performance in school, misbehaving, extreme possessiveness or unusual bashfulness.

"Some days I'm just ready to give up," said Kim Young, a 24-year-old mother of two boys who has changed shelters three times in three weeks. From Oct. 2 until last weekend, when they found permanent housing, Young and her children had roamed from shelter to shelter, waiting for aid applications and subsidized housing certificates to be approved.

Like many homeless families, they had to move in a haphazard circuit among shelters with no prospect for permanent housing after staying the maximum time at each shelter.

'I am tired of everything'

After she left the boys' father about 10 months ago, she struggled to make it on her own. The instability, she says, has seriously affected both boys' already delayed development and her ability to help and control them.

The speech development of both toddlers, ages 2 and 3, has been delayed. Both are hyperactive and overly aggressive toward each other, Young said.

"If I could just get somewhere long enough to get them in school, get them tested so they could get the help they need," she said two weeks ago. "I am tired of everything. Tired of the boys getting upset; tired of me getting upset. I don't know where it ends."

Generally, the physical health of the homeless children suffers, too.

Majid Ali, a physician's assistant, said, "In the main, we see the same illnesses that we see in the general population, but they are persistent and recurrent among the homeless children in shelters."

Ali works with the Health Care for the Homeless mobile team, run by the Swope Parkway Comprehensive and Mental Health Center.

"We see upper and lower respiratory infections, head lice — a lot of illnesses that are secondary to stress and living in such close quarters."

Among the more chronically homeless, the children often lack immunizations against childhood diseases such as measles and chicken pox.

"Health care for their children often becomes a lower priority," Ali said. It is not unusual for parents to delay bringing their children to the clinic for follow-up care because they are out looking for jobs, he said.

The physical environment of shel-

ters themselves can be foreboding and socially isolating.

"There is no place to play, no place for the children to express themselves creatively," said Clarence Sherman, a social worker with the mobile health care team.

At Pilgrim House, the playground is an asphalt parking lot overlooking the expressway just west of Prospect Avenue. Inside, children play in a dim second-floor hallway with a concrete floor that ends in a steep stairwell. A threadbare sofa and two worn chairs provide the only seating.

At the Salvation Army Emergency Lodge on Linwood Boulevard, they are free to play in a sofa-lined room dominated by a blaring television set. The couches usually are filled with fretful adults.

Trouble in school follows

The children often fall behind academically.

Although the shelters insist that parents enroll their children in school, truancy is commonplace. Neither the schools nor the shelters have the staffs to police children's attendance.

"So many of the children get so far behind, that they develop learning disabilities," said Jackie Fried, assistant youth director with the City Union Mission.

The school district tries to help, allowing children to enroll before records have been transferred from other schools, said Collins Drake, principal at Garfield Elementary School, where children from Pilgrim House and a battered women's shelter attend.

"But it's like building a house. The weaker the foundation, the bigger the gaps in the house, until pretty soon you don't have much of a house at all," he said of the children's educational backgrounds and skills.

If the students stay enrolled long enough, they can be tested, evaluated and put in programs to help make up academic deficiencies, Drake said.

"But often they are in and out before we've even received their records from their other schools," he said.

Parents sometimes encourage

children to keep their homelessness a secret to avoid the social stigma and to avoid having to transfer the child.

But the secrecy sometimes backfires, say those who work with the children. The stress of homelessness often affects academic performance and behavior in class.

'We were together'

At times, parents refuse to seek help from shelters or public benefits because they fear homelessness may be grounds for taking their children from them.

One woman, who was staying at the Salvation Army Emergency Lodge, kept her three children, ages 3, 4 and 9, in her car for more than a week rather than seek emergency shelter and risk losing them.

"We were together," she said. "I loved them, and I was taking care of them the best I could. I just didn't trust the system. I was afraid they would take my children away."

Homelessness is one of the ultimate manifestations of poverty,

said John Churchill, director of social services for the Salvation Army in Kansas and western Missouri. And many of today's homeless children are destined to end up tomorrow's homeless adults unless there is effective intervention.

"The child is unable to build upon the stability and roots of a home, and because of that, in many instances, we're going to see the same pattern repeating itself in the next generation," he said.

Any long-term solutions for the children "will have to go far deeper than emergency housing, or even transitional living programs."

Instead, say those who work with the homeless, the community should address the lack of affordable day-care programs for single mothers who seek schooling or jobs, policies that exclude children as tenants, and the critical shortage of low-income housing.

Task Force Urges State To Do More For Homeless

By Terry Ganey

Post-Dispatch Jefferson City Bureau Chief

JEFFERSON CITY — Missouri should do more for homeless people than simply appropriating more money to build shelters, according to members of a task force working to solve the problem.

State government, through its Department of Mental Health and Division of Family Services, has the means to respond to many of the problems of destitute people. But the task force members believe the state needs to make it easier for homeless people to get the aid they deserve.

"There are initiatives in other states to coordinate programs to serve the homeless," said Lt. Gov. Harriett Woods, who is working with the task force. "We are finding that we are doing nothing."

The task force met Tuesday in Woods' office to identify areas where the state could do a better job of responding to the needs of "the poorest of the poor." The task force intends to meet again with state agency officials to try to improve the state's method of delivering social services for homeless people.

The task force said Tuesday that homeless people could no longer be stereotyped as winos and rejects from mental hospitals. Many of them are women with small children and families forced off the farm.

William F. Siedhoff, director of the state Division of Family Services, said the agency was trying to apply its rules uniformly across the state. For example, applicants for food stamps no longer are required to have a permanent address, he said. That has been a problem for some homeless people, officials said.

Many task force members said caseworkers were overworked and insensitive to the plight of those who came to them.

The Rev. Stuart Whitney, chairman of the ad hoc committee on the homeless in Kansas City, said that rather than trying to help, state welfare workers took the attitude that it was their job to "protect the state treasury."

Food Program Urged For Homeless

By Victor Volland

Of the Post-Dispatch Staff

A food stamp program for homeless people has been recommended by Sara Barwinski, chairman of the Hunger Task Force of the Missouri Association for Social Welfare.

A program with an ombudsman and a staff trained in the problems of the homeless would eliminate some of the barriers they face in getting food stamps, Barwinski said.

Barwinski is a social worker with the Lutheran Family and Children's Services here. She will testify today in Washington before the House Select Committee on Hunger. The subject of the hearing is the barriers that homeless people face in federal food programs.

A "new population" of homeless that has emerged as a result of cuts in government assistance has been consistently denied food stamps because of regulations requiring proof of residency, Barwinski said.

The Missouri Department of Social Services used to be able to say that no person was denied food stamps for lack of a home address, Barwinski said. But there was no record of deni-

als because homeless people could not apply if they could not provide an address at the reception desk, she said.

"Homeless people could not even get their foot in the door," Barwinski said.

She said Missouri had reported only 177 food stamp applications representing 240 homeless people in January. St. Louis had only 74 cases representing 93 people out of the estimated 10,000 homeless in this area.

The Hunger Task Force established a test case, she said, and the state changed its policy in 1984 to allow the homeless to get food stamps at their local county office, thus eliminating the need of a mailing address.

But as recently as last week, a homeless applicant reportedly was told that he could not apply for food stamps until he had an address, Barwinski said.

The homeless continue to face difficulties in verifying that they are living in the county where they are applying. When they give a shelter as their residence, caseworkers often

list them as residents of an institution and therefore do not need food stamps.

However, the shelters do not guarantee bed space and rarely provide adequate meals — usually a doughnut in the morning and a sandwich at night, Barwinski said.

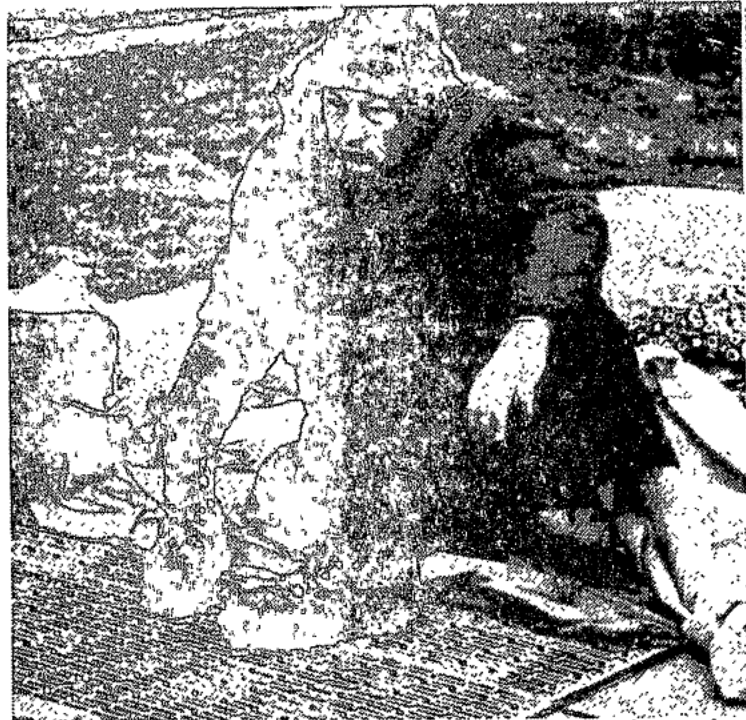
Another problem is the "hidden homeless" — the thousands of potentially homeless individuals and families doubling and tripling up in others' homes, she said.

Barwinski said they were punished for living with others by not being treated as a separate household for food stamp application purposes, and they must wait until they are forced out onto the street or into a shelter.

Changing the definition of a household would eliminate this problem, she said.

Another barrier to participation in public assistance programs is the fear of homeless people that their children will be taken away from them if they apply for food stamps, Barwinski said. Services are needed to ensure family stability during times of homelessness, she said.

The US House of Representatives has agreed to spend \$725 million to aid the nation's homeless. Because most shelter programs focus attention on the number of available beds, rather than the kind of services that accompany them, some are asking if the traditional approach to handling the problem is adequate. "One of the things we've learned is that you can't lump any group of homeless people together," and deal with individual problems, says Thelma Hauser, a social worker who aids homeless veterans in Washington, D.C.



RICK PEINHARD

Homeless man in Washington: national efforts to help are increasing

Shelters for homeless on the increase, but most longterm, individual needs neglected

By Timothy Appel
Staff writer of The Christian Science Monitor

Washington
There are more shelters open for the homeless now in the United States than ever. And yet, if you go downtown in almost any metropolitan area tonight, you will find men and women sleeping in parks and doorways, on flaps of cardboard, and under scraps of plastic.

As efforts to help the homeless have grown nationwide, so has recognition that the problem is more complex than once assumed.

Now, as Congress ponders spending \$725 million on the problem, some are asking whether traditional approaches to handling the problem are adequate.

The House authorized its aid package late last week; it is now up to the Senate to act. Still in question is how much should be spent, how it should be allocated, and whether the Reagan administration can be convinced to go along with the initiative.

Most shelter programs focus attention on the number of beds made available, rather than the kind of services that accompany them. As a result, say critics, many shelters are

little more than human warehouses, with the homeless lined up in rows of bunks and turned out onto the streets as soon as the sun comes up.

"One of the things we've learned is that you can't lump any group of homeless people together," and expect to deal with individual problems, says Thelma Hauser, a social worker who aids homeless veterans in the Washington area.

Part of the problem is the tendency to view homelessness as an emergency, especially during cold winter months. Experts say this encourages short-term approaches.

It is estimated that there are at least 350,000 and possibly as many as 3 million homeless in the US. The situation has grown more serious in recent years. Thousands of mental patients have been released without adequate community care programs to move into, while the stock of low-cost housing and cheap hotels has dwindled.

There are shelters catering to the needs of certain groups, such as families and single women. And some have developed effective programs for identifying the problems of residents and helping them become self-

sufficient. But homeless advocates say such programs are too small to make a dent in the numbers.

"We've got to work toward long-term solutions," says Mitch Snyder, the homeless activist who fasted three times to get the Reagan administration to provide money for a shelter in downtown Washington. "The priority for any new [spending] has got to be to provide for comprehensive care."

The newly renovated Federal City Shelter in Washington offers this kind of care, says Mr. Snyder. The shelter can house 600 people and provides medical, mental health, and dental services as well as the usual bed and meals. In addition, the facility allows residents a high degree of personal freedom.

The traditional view is that shelter is something that ought to come with strings attached, including a variety of rules. Shelter residents, for instance, are often required to stay sober, sit through church services, or at least take a shower. One analyst calls this the "redemptive approach" to dealing with the homeless.

But at Federal City, very few
Please see SHELTER next page

SHELTER from preceding page

rules apply. For example, residents who refuse to take a shower and be deloused are restricted to a particular section of the shelter. "After a while, once they establish trust with those around them, they usually come around," says Snyder.

Not everyone, however, believes the homeless can or should be given this much freedom inside shelters. "I'm not saying people shouldn't have rights, but when you're talking about helping to get the homeless back into society, you've got to have some rules and structure," says Martha Brown Hicks, president of the Skid Row Development Corporation in Los Angeles.

Ms. Hicks's group operates a 138-bed overnight shelter and funds a smaller facility that aims to make individuals self-supporting.

Despite such divergent views over methods, virtually everyone involved in helping the homeless agrees more money is needed. Legislation passed by the House last Thursday earmarks \$725 million to be spent over two years for medical and mental health care, the renovation of surplus buildings for use as shelters, the creation of community-based housing, and rent subsidies for homeless families.

"This bill is an important first step," says Rep. Mickey Leland (D) of Texas. "It shows that the Congress is finally ready to show its commitment to helping the homeless."

House Speaker Jim Wright (D) of Texas called it the "second installment" in increased funding for the homeless. Congress last month approved, and the President signed, a \$50 million transfer of funds to an emergency food and shelter program run by the Federal Emergency Management Agency.

Congressional observers caution that budget problems will make it tough for Congress to appropriate the full \$725 million. The housing and health programs authorized for fiscal '87 would amount to \$500 million with another \$225 million for feeding programs to start in fiscal 1988. The Senate is likely to propose a smaller spending package, which would also be easier to sell to the Reagan administration.

To boost the legislation, homeless activists staged a "sleep out" on Capitol Hill

Study Says Families With Children Swell Ranks of Homeless

Special to The New York Times

WASHINGTON, March 30 — The number of homeless people in American cities grew by a record number this winter, and for the first time families with children became the largest segment of the homeless population, according to a survey in 47 cities.

The survey was conducted by The Partnership for the Homeless in New York, which operates the largest private shelter network and permanent housing program for the homeless in the country. The partnership is an interfaith group which runs shelters in churches and synagogues throughout the New York area.

The 43-page report was sharply critical of the Reagan Administration and said survey results showed it was "an active and distinct cause of homelessness in and of itself." Agencies from every city surveyed found the Federal Government's response to the homeless problem was inadequate, the survey report said.

The study also said that the Federal emergency funds Congress authorized last fall and this winter did not reach municipalities until winter was nearly over. The report offered no opinions on reasons for the delays.

Statistics Are Elusive

Estimates on the number of homeless nationwide vary. The Federal Government has put the number at about 250,000, but the National Coalition for the Homeless says there may be as many as 3 million.

Survey responses from 741 public and private social service agencies in cities from New York to Honolulu showed the number of people without homes increased an average of nearly 20 percent from November to mid-March. The survey said lack of affordable housing is the leading cause of homelessness, but it offered no reason for the dramatic winter increase.

This year, some cities reported increases well above the 20 percent average for the winter. El Paso showed a 50

percent increase. Baltimore reported a 30 to 40 percent rise, and Nashville a 38 percent increase.

The survey said the increase in New York was 26 percent.

New York and Seattle Credited

Only two cities, New York and Seattle, reported firm plans for "substantial" programs to provide permanent housing for the homeless, the report said. Fifteen other municipalities also said they have plans, but the report described most as "moderate" to "negligible."

The number of homeless families with children rose by 25 percent. This increase brought families with children to 35 percent of the homeless population, making families the largest group within the homeless population, according to Peter Smith, president of the Partnership for the Homeless and author of a report on the survey.

Mr. Smith said agencies in many cities still have not received money from the \$70 million Congress appro-

priated for the homeless last fall or the \$50 million more approved this winter, a situation which he said "stunned us." Dallas was the first municipality to see any of the funds, but that wasn't until early February, he said. Most of the programs in New York still have not received the Federal funds, he said.

Not only did the number of homeless people swell this winter, but the gap between the number of homeless and available shelter and services increased by 14.6 percent over the four months, the survey found.

Now That The Safety Net Is Shredded

Reaganomics Couldn't Hide The Homeless; It's Time To Formulate A Realistic Policy

By Harriett Woods

It's time to place the responsibility for homelessness where it belongs: on the same kind of deception and unrealistic policy direction that led the White House into the Iran-Contra fiasco.

Do you remember the "safety net" that the Reagan administration promised would protect the "truly needy"? The truth is that the homeless are simply the most visible evidence of failed economic and social policies. They are the ones who have fallen through holes in the promised safety net; the ones who lack community mental health and alcohol treatment services; the ones who can't find affordable housing; the ones who have been defined out of eligibility for health, welfare and job programs in order to save a few public bucks.

Homelessness isn't a temporary crisis to be solved by finding beds for people who sleep on heating grates. America's homeless don't need more emergency shelters; they need alternatives. Even if we should manage to provide them all with beds, they still will be homeless. We'll simply get them off our collective conscience. Out of sight, out of mind.

Years ago in Missouri, each county had an "almshouse" whose residents were described in a 1908 report as "the insane, the dependent, feeble-minded adults and children" all housed together in dilapidated buildings. Update the language and you're describing the challenge in today's homeless centers. If we continue to treat symptoms instead of causes, we're heading right back to the poorhouse.

That 1908 report spoke with horror of children being born in almshouses. Children may not be born in today's shelters, but increasing numbers live there. According to a recent report by the U.S. Department of Housing and Urban Development, 22 percent of the homeless are under 18, and the number is growing by 20 percent a year.

Little adequate temporary housing exists for them, but even the best is not a good environment for kids. A Salvation Army study in its St. Louis lodge found that 33 percent of the children

were developmentally delayed, compared to the national average of 3 percent. That's a different kind of crisis than what we've been discussing.

In another St. Louis shelter, surprised workers discovered a 6-year-old boy laying on a cot, just hours after he'd undergone a double hernia operation at a hospital. Hospitals often put poor discharged patients into taxis and send them to shelters, even though few shelters have regular health services.

It's encouraging that the latest \$500 million that has been authorized by the House of Representatives goes beyond emergency food and shelter funds, useful as those have been. It includes at last

It's significant that shelter managers themselves, when asked about priorities, rarely seek money to fix up their often-makeshift facilities. They plead instead that funds be found to help prevent homelessness and to provide services that can restore individuals to self-sufficiency: counseling, detoxification centers, job placement, skill training and housing.

They also urgently seek changes in public health and welfare programs whose rules and implementation often push the working poor over the edge into homelessness. A homeless mother is afraid to seek public assistance because she fears her children will be taken away by bureaucrats

more concerned by her lack of an address than guiding her to helpful programs. A parent earning minimum wage often gets no fringe benefits, but will be rejected for Medicaid because of income guidelines. In some large cities, the homeless can stay in shelters only for a limited time, and most leave without the kind of personal intervention that would help them deal with their long-term crises. Public agencies that should provide that help just aren't there.

Charity and emergency money won't restore the fractured victims of distorted national policies. For six years, we've been living with the marvelous myth that problems can be handled better at the local level even when no resources exist; that we can continue to ignore gaps in housing, health and job needs without consequences; that supply-side economics will stimulate the private sector into meeting these needs without public costs.

The rising tide of homelessness says otherwise. Behind that tide are thousands more who are living on the margin. We owe them more than the promise of a place to flop. Emergency shelters can be an important link between the street and a stable future. But we must be honest enough to reject the easy satisfaction that comes with giving people handouts when what they need is an independent future.

Harriett Woods, Democrat, is lieutenant governor of Missouri.



some dollars for community health and mental health services, as well as for transitional housing and targeted Section 8 certificates that subsidize private housing units.

But it's still much easier to get votes for such crisis bills than for legislation to meet long-term needs in health care or low-income housing. Without such long-term initiatives, temporary funds will provide only temporary solutions. Families remain on waiting lists for years to get public housing and many become homeless in the interval. Yet federal funds for low-income housing have been slashed by this administration, with future vetoes threatened. State efforts don't fill the gap.

St. Charles County's Homeless

The prosperity that St. Charles County enjoys as one of the fastest-growing counties in the nation is not an unmixed blessing. The growth has meant increased rents for units that used to house low-paid workers. In other cases, people in semi-rural areas have been dislodged as their houses were razed to make room for expensive new homes. Last fall's flooding rendered uninhabitable many trailers and other dwellings occupied by poorer people.

Whatever the reason, on any given day, about 1,500 people — just under 1 percent of the population — are without permanent lodging in St. Charles County, according to the St. Charles Community Council's Housing Task Force. The percentage is in line with the number of homeless nationwide. But for those who regard St. Charles County as a rural retreat from urban woes, the statistics are shattering.

The task force cited in the main two

shortcomings in the county's ability to cope with the problem. One is a dire lack of temporary shelter. The other concerns the severe shortage of subsidized and low-cost housing. The county Housing Authority, for example, reports it has 200 families queued up for vacancies in the 173 units it rents.

The task force has proposed a fund to help people in danger of losing their homes avoid eviction and to aid those just setting up housekeeping with the initial one-time costs of renting. In addition, the panel issued a raft of suggestions for ways agencies can increase services to the homeless.

Whether the people of St. Charles County meet the challenges put before them by the task force is a question only time will answer. But the task force has certainly provided them a reasonable guide to ameliorating the problems of the homeless with compassion and good will.

March Study Found 200 Homeless People In Area

A Daily Democrat Staff Report

A study conducted by the Dunklin County Division of Family Services indicates there may be as many as 200 homeless individuals in this area. The study, conducted in March, was the first of its kind here.

Dorothy Adams, director of the local office, said her office had records on file of three individuals who were living in their cars at the time they applied for assistance in the form of food stamps or Aid to Dependent Children.

"Unemployment and joblessness, the lack of funds, and the

prospect of being jobless and homeless in a strange area reduces mobility — and their chances of finding a job," Adams said.

She also admitted that, if an individual would choose not to apply for food stamps or other assistance, her agency would have no record of them in the area. Most of the 200 or so reported were living with a friend or relative and did not have the funds to rent a place of their own.

"We have no programs in place that address the needs of the homeless," she said. The Division of Family Service's

state headquarters in Jefferson City had requested the information.

"Fortunately, there are some charities and religious groups that do help out. They can provide some funds, if a referral is made," she said.

Food stamps can be picked up at the DFS office in Kennett for those who have no permanent address.

When asked if she knew why the study was being conducted, or if the state had considered a program for the homeless, Adams said that the study was "probably made because this problem has come to the attention of the people who are in a position to do something about it."

ABOUT EDUCATION

Plight of the Homeless

By FRED M. HECHINGER

SHELTER children have replaced latchkey children as a leading challenge to the nation's conscience. Latchkey children are those who return from school and let themselves into an empty home because their parents are at work. Shelter children have no home to return to and often no school to attend.

An estimated three million children are homeless — the most neglected and pitiful part of the growing army of homeless families who live in temporary shelters or welfare hotels.

Many of these children go to school only sporadically; they move from school to school as they move from shelter to shelter, uprooted again and again, never part of any community.

If the plight of homeless adults is the shame of America, the lives of homeless children who grow up in shelters and welfare hotels are the nation's crime. The scene of children condemned to use as their playground the grimy streets off Times Square in New York City amid drug peddlers, prostitutes and pimps is duplicated in most major cities.

The educational fate of those youngsters is about to become involved in political controversy as Congress prepares to hold hearings on legislation that could penalize states and localities that fail to provide education to homeless children and to reach out to find such children.

In flagrant cases, some districts are reported to have turned shelter children away, holding that their schools serve only children who reside permanently in their district. In this view, shelters are not considered a permanent address, and their children are expected to attend school in the district of their last permanent home. Since "temporary" shelters are increasingly turning into semi-permanent arrangements, such a policy could deprive the children of an education for a long time, possibly for good.

A pending House bill would deny all Federal education funds to any state that fails to provide full education opportunity to every homeless child. The Senate version is less punitive.

Both proposals demand that school districts reach out to shelters and welfare hotels to see to it that all children get the proper education. But only the Senate bill provides funds for that purpose.

Some education organizations are critical of the House proposal's punitive threat. They agree that the homeless children's right to an education must be protected, but they resent being asked to carry the full burden of cost and responsibility for solving a problem that is not of their making. They argue that Federal and state financing is essential in helping schools to reach out to, and often to provide transportation for, youngsters whom society, not the schools, has made homeless. They are saying that national, state and local policies have created a disaster, and the schools are at least entitled to disaster aid.

In the interim, many school systems are trying to come to grips with the problem, even without legislative pressure. For instance, the New York City Board of Education has begun to check whether children in welfare hotels are being sent to school.

Although day care and schooling should be provided for these children, education alone is little more than a Band-Aid; the corrupting environment virtually assures that all but a few of the hardest among them will fall into the growing underclass living on welfare or crime or both.

The physical and psychological wounds inflicted on these children from infancy leave indelible scars. "These kids are ashamed and embarrassed about being homeless," Dr. Ellen L. Bassuk, associate professor of psychiatry at Harvard University, told Education Week, a journal for educators. "They make up phone numbers to lie to school officials about where they live." Those who do attend school are often shuttled from one school to another every few weeks as their families move from shelter to shelter.

Often the task of reaching out to the children so that they can be enrolled in school is made more difficult because parents, many of them single mothers, are afraid that the authorities may consider them incompetent and take their children away from them.

The problem of homeless children is given little attention because the new phenomenon of homelessness is still only vaguely understood. Most people, says a spokesman for the Children's Defense Fund in Washington, still think of the homeless as aging bag ladies or Skid Row bums. In reality, families make up a large and growing proportion of the homeless.

Many others are on the edge of the precipice as the number of available dwellings for those at or near the poverty level is diminished by conversion to higher rent units, abandonment by landlords, demolition and arson. Federal financing for lowest-cost units has virtually stopped. For families in shelters, the waiting period for affordable permanent housing is often more than 10 years.

Low-cost housing short in Missouri

The growing number of poor people in the state translates into a need for another 75,000 housing units — and more than half of those are needed in the St. Louis area.

A report by the Missouri Association for Social Welfare said there already are 17,000 households on waiting lists for public housing in the metropolitan St. Louis area. Of the 74,947 units needed in the state, 39,067 are needed in St. Louis, the report said.

It is "inconceivable that we would permit the growing problem of homelessness to continue," said Dr. John Stretch, chairman of the Low Income Housing Task Force that issued the report.

Shelters and soup kitchens are

not normal, he said.

"Children cannot grow up that way," Stretch said. "Adults must not lose hope in the American dream by losing access to permanent shelter and the ties and responsibilities that flow from a permanent home. We must not get used to emergency shelter — the new American poor houses."

The report was initiated because of the growing number of homeless people in the state, Stretch said. The Missouri Association for Social Welfare is a group of social activists and social workers.

The housing shortage estimate is the difference between the number of low-income households and the number of rental units available at rents people in that category can afford.

A low-income household is de-

fined as having an average income of less than \$5,199 a year. The availability of rental units is determined by measuring the number available at 25 percent of that income.

The report includes 29 recommendations for changes in public and private policies to increase the availability of housing for low-income groups. One recommendation calls for establishing a local housing trust fund to generate money for new housing investment.

The report blames the federal government's withdrawal from providing low-cost housing as the major reason for the shortage. Federal housing subsidies fell from \$27 billion in 1980 to \$10 billion in 1986, the report said.

Children among the homeless

They camp out in motels, shelters, even a family car

By Lanie Jones

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Los Angeles—He hadn't had much to eat—french toast at breakfast, later some 7-Up. Most of the day, 12-year-old Nikia Harris and his family had walked around downtown Los Angeles looking for a place to stay.

Now, as men in worn clothing spread their blankets around him, Nikia huddled on a bench, pulling the hood of his gray sweatshirt tightly around his face. Nearby, his mother cradled his 15-month-old baby brother in her lap. A 7-year-old brother curled on an Army blanket beside her.

Evicted from their apartment the week before, the family had found refuge—for one night at least—in a temporary shelter for the homeless in downtown Los Angeles.

But Nikia didn't want to be here, sharing the floor with grizzled men. "Look at all the Skid Row bums," he said angrily. "It's dull and dumb and, if it was my world, I would set it on fire."

In the last five years as the nation's homeless population has soared, children like Nikia have increasingly joined their ranks. Traipsing around the country with parents in search of jobs and places to live, the children share soup kitchens, flophouses and city sidewalks with derelicts and the mentally ill.

Exact counts are elusive, but the National Conference of Mayors reported in December that families were the fastest growing segment of the homeless population—28 percent of all the homeless.

The National Coalition for the Homeless, a private lobbying group, estimates that 500,000 of the nation's 2 million to 3 million homeless are children.

Because their parents often make them keep a low profile, concerned that social workers might take their children away, the youngsters are invisible to most people. Few attend school. They may live in motels or Salvation Army shelters or even the family car—"camping" for days or months at local parks.

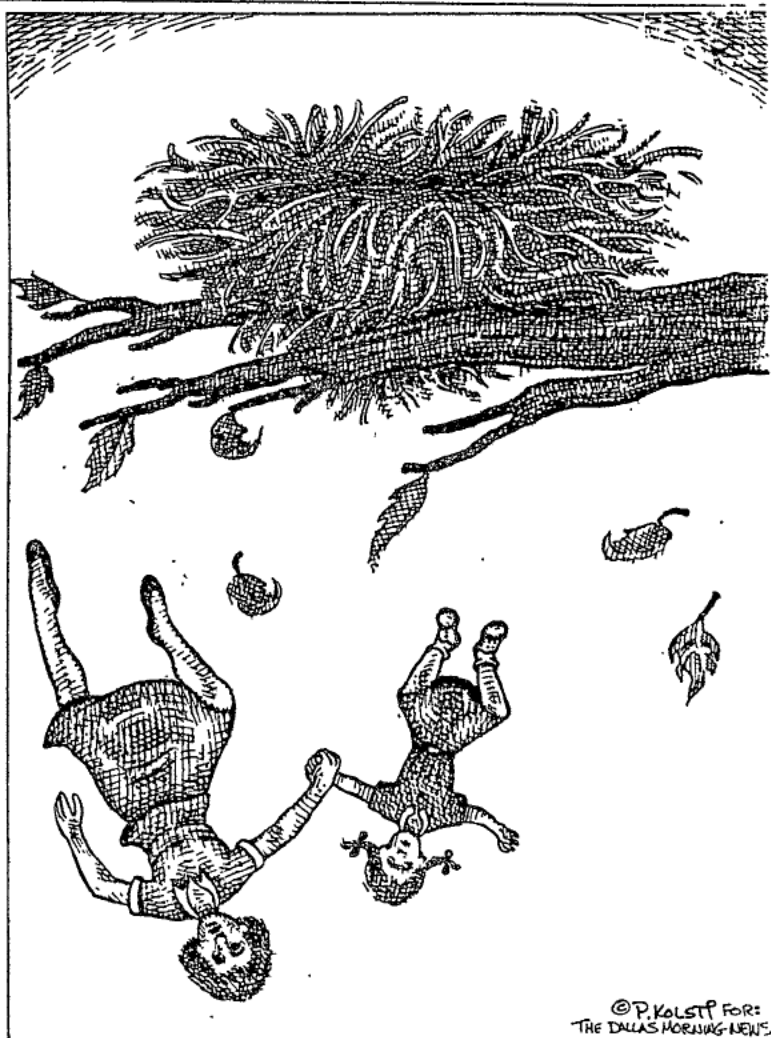
But their plight is fast becoming a national tragedy, a growing number of social workers, doctors and advocates for the homeless said.

"We're basically throwing away a whole generation of children, a whole generation of citizens when we allow children to grow up homeless," said Maria Foscarinis, Washington counsel for the National Coalition for the Homeless.

In the last two years, a handful of social scientists has begun studying the effects of homelessness on children. Among the problems they describe:

- Nutritional deficiencies from fast food diets or little food at all.

- Lack of schooling for weeks or months. Even if the children attend some classes in shelters or on the road, "It's virtually impossible to do well



when a child has no home, no place to study, no food to eat and the incredible emotional burden of being homeless," Foscarinis said.

- Poor hygiene and health problems, including untreated respiratory infections, head lice and chronic diarrhea.

- A parent-child bond that disintegrates in the shelters.

- Lags in behavioral development and severe emotional problems. In a study of 151 children at Boston shelters, Harvard psychiatrist Ellen Bassuk found that 47 percent showed serious lags in social, motor and language skills; 51 percent over age 5 were severely depressed and most of the depressed children over 5 had suicidal thoughts.

Despite growing concern about these children, no solutions are in sight. No federal program and only a few state and local government efforts are targeted at them.

Often, lawyers for the homeless said, the only government aid for homeless children is aimed at families—federal money for temporary shelter and food stamps. And that aid fails to reach many homeless children, whose parents are

mentally ill or alcoholics and drug addicts who spend their grant money to support their habits.

Even when homeless parents try to feed their families, the children often go hungry. "Their parents don't have a place to cook or store food so they buy what they can . . . McDonald's hamburgers, food at 7-Eleven, lots of potato chips," said University of California, Los Angeles pediatrician David L. Wood, who treats homeless children.

The task of finding homeless families a permanent place to live has been difficult for several years. Since 1981, the Reagan administration has sharply cut the money available to cities for federally subsidized, low-income housing, and cities have had a choice—pay for low-income projects themselves, or build little such housing at all.

Some government officials believe the federal government should get back into the business of subsidizing most low-income housing. "We've got to start building housing," said Rep. George Miller, California Democrat, chairman of the Select Committee on Children, Youth and Families.

